Clinical Lecture
ON A
CASE OF ACUTE TUBERCULAR DISEASE, WITH OCCLUSION OF THE VAGINA.

By HENRY THOMPSON, M.D., F.R.C.P.,
PHYSICIAN TO THE MIDDLESEX HOSPITAL.

ELIZA W——, aged fifteen, was admitted under my care on the 26th of April, 1872. Her father and mother are alive and healthy, and there is no history of consumption in the family. The patient herself had always enjoyed good health until about six months ago, when she experienced acute pain in the head, recurring from time to time. For the last three weeks her fellow-servants had noticed that she was stupid and dull; previously she had been an intelligent and bright girl. On the 22nd of April she complained of severe headache, pains in the back and loins, sickness, and constipation. For some indefinite period she had been subject to a slight harsh cough. She had never menstruated. On admission, the tongue was foully coated; complexion purplish; expression dull; no cough; no dyspnœa; anorexia, but no thirst; complains chiefly of headache, nausea, and pains across the loins, in knees, and under right axilla; a few large pustular spots on the trunk; nothing of any moment discovered on examination of the chest. Ordered an effervescing draught, with spirit of chloroform, every six hours, and a warm bath.—Evening: Pulse 96, respiration 18, temperature 99°.

April 27th.—After a sleepless but not delirious night, the patient seems drowsy this morning. When moved and examined by percussion and auscultation she is fretful, and apparently hyperæsthetic; pupils dilated; no headache; tongue densely coated orange and white. No urine passed since admission. Twenty-five ounces withdrawn by catheter; specific gravity 1015; contains no albumen. Morning pulse 96; temperature 98·9°. Ordered, two grains of calomel at once, and in three hours a draught of castor oil. Twenty grains of bromide and two grains of iodide of potassium added to each dose of the effervescing mixture. Hydrate of chloral, fifteen grains, administered at night.

28th.—Slept well after the chloral, but tosses her limbs about this morning, seems stupid and heavy, and scarcely answers questions at all. Temperature 98·4°; pulse 102, unequal in force and rhythm. Ordered dry cupping to the nape of the neck, and a castor-oil enema.

29th.—Lies in a semi-comatose condition. Jactitation continues. Urine, after retention for twenty-four hours, withdrawn by catheter: specific gravity 1025; reaction acid; contains a trace of albumen. Motions after castor oil abundant, and extremely offensive. The head to be shaved, and compound camphor liniment, with the addition of half its volume of strong solution of ammonia, to be applied to the scalp; enemata of strong beef-tea—three fluid ounces with an egg—to be administered every four hours.—3.30 P.M.: Patient grinds her teeth; complexion intensely livid.—Evening: Pulse 138; temperature 99·6°.

30th.—Complete unconsciousness; extreme lividity. Pulse 146; respiration 54; temperature 101·8°. Died at 3 P.M.

Autopsy, twenty-four hours after death.—The following is an abridgment of Dr. Robert King's report:—Body well nourished. Both lungs, as well as their pleural membranes, were thickly studded with grey miliary granulations. There were also numerous subpleural ecchymoses. In both lungs were small patches of extravasation, and a few islets of lobular pneumonia in an early stage. The right lung was gorged with black blood; the left was almost equally congested, but with blood of a brighter red. The under surface of the diaphragm and the capsule of the liver were copiously beset with miliary granulations. The liver itself contained a number of cheesy bile-stained bodies, a little less than a split-pea; these were found to consist of bile-ducts, nearly if not entirely obliterated by deposits within and around their walls. Granulations were found abundantly in the spleen and the kidneys, and in both organs they had partially undergone the cheesy metamorphosis. There was no ulceration of the intestines; but specks of tubercle were discovered on some portions of the peritoneal surface, especially on that forming the recto-uterine fold. The uterus and ovaries appeared to be healthy; but around the os uteri was a little patch which seemed to be roughened by miliary granulations. The vagina formed a huge sac, measuring eight inches in circumference, and containing some twenty-five or thirty fluid ounces of dark, grumous, offensive material, which escaped in abundance on cutting through the thick, tough, and imperforate hymen. Grey granulations were met with at the base of the brain, in the fissure of Sylvius, and on the upper surface of the cerebellum. The brain-tissue was extremely soft, and the lateral ventricles were distended with fluid and greatly dilated.

Commentary.—Gentlemen, at the onset we had the greatest difficulty in ascertaining the previous history of the case. The facts had to be gathered piecemeal from various sources. When gathered they were meagre in the extreme, and we were left in great measure to our own resources. There were many features of hysteria about the case, but a moment's reflection sufficed to dispel that idea. The tongue alone, densely and foully coated as it was, gave positive evidence strongly in favour of more serious mischief, while the absence of all quivering of the eyelids bore witness to the non-existence of hysteria. Indeed, I should rate the negative evidence as even stronger than the positive; for in my experience, amidst all the fleeting phases of that wonderful malady, this quivering of the eyelids is almost invariable. We were, then, compelled to look for some other way of accounting for phenomena which, apart from hysteria, were in the highest degree alarming. With some misgiving and some mental reservation, I wrote down the diagnosis of tubercular meningitis. When, however, I learnt that there was a history of severe and recurring headache six months ago, I began to waver in my decision. It seemed natural to connect that headache with the existing disease; and if there were grounds for assuming this connexion, it appeared impossible to retain the original diagnosis, for tubercular meningitis would assuredly have done its work and taken the life of the patient long before six months were over. I wavered then for a while, and bethought myself of abscess or tumour in the brain, but I never erased the written words from the card, and the last thirty-six hours of the girl's life proved conclusively to my mind that the old diagnosis was the true one. The girl, during the whole period of her residence in the ward, had been remarkable for the purple flush of her complexion. Now, however, she became intensely livid, and even cyanotic. You are aware that death by apnœa and death by coma are formally distinguished from each other, and they are truly distinguishable at their origin, but at their close they present many phenomena in common, and in the dead-house the appearances in the lungs are much the same. It might, therefore, have been argued with some show of reason that the intense lividity of the girl betokened nothing more than coma assuming naturally the characters of apnœa at its close. The argument would have been untenable. The lividity had existed at the onset long before the coma began, and in the end it was intensified in a degree, and for a period of duration, utterly inexplicable on the hypothesis of coma alone. There must inevitably have been all along intrinsic disease of the lungs quite independent of any pathological process going on within the cranium, and such intrinsic disease by exclusion must have been tubercular. I say by exclusion for this reason: if the lungs on examination tell you nothing at all, or nothing of any special significance, and yet, on general grounds, you are assured of the presence of lung disease, then you may be equally sure that the lung disease is tubercular, and under the same circumstances you may reasonably surmise that the tubercle is widely disseminated, not in the lung-tissue only, but elsewhere throughout the several organs which it usually invades. Amongst these organs the membranes of the brain, in particular the pia mater, occupy a pre-eminent place. Tubercular meningitis, then, was about as safe a diagnosis as any fallible man could make. The old headache was, in all probability, connected with the arrest of the catamenia, of which I shall presently speak, and stood in no direct relation to the existing symptoms.

If you remind me that there was no history of consump-

tion in the family, I reply that such a history, to the best of my belief, has little or nothing to do with the far-spreading development of miliary tubercle. If, again, you tell me there was no acceleration of pulse or breathing, at least before the closing scene, no cough, no dyspnœa, properly so called, no elevation of temperature, I reply that, strange as it may seem, you *may* have none of these things in tubercular meningitis. With regard to cough and dyspnœa, as the mere diffusion of pulmonary tubercle cannot be discovered by physical examination, so it fails to betray itself outwardly by any violent or explosive act; and in truth it is one of the best-marked features of tubercular meningitis that the chest-symptoms go to sleep as it were, while the brain is unnaturally awake. With regard to the pulse I have known at least two cases of acute and universal tubercular disease where the pulse never exceeded 96 from first to last, so long as they were under my observation. Similar remarks apply to the respiration. Understand me rightly, however. I am not going to deny that before the accession of brain symptoms both the pulse and the respiration may have been, and probably were, above the normal average. Finally, with regard to temperature I have been enabled to diagnose tubercular meningitis in a difficult case on the simple ground of a temperature never exceeding 99°. Again understand me rightly. I am not affirming the absence of well-developed fever heat as the rule; far from it. I only say that fever heat may be absent in some cases towards the close, and even during the whole period of medical supervision.

So much for the aspect of the case during life. Let us now pass in review the two most remarkable features in the discoveries of the dead-house: the wide-spread dissemination of tubercle, and the arrest and imprisonment of the catamenia within the sac of the vagina, for sac it may be called with propriety when its orifice was closed by an imperforate hymen, and its walls presented a circumference of eight inches.

Gentlemen, I need not inform you that modern researches have gone far to set aside the old doctrine so long prevalent as to the origination of tubercle, and have established the general, if not universal, law that tubercle, at least in the disseminated form, is not a neoplasm or primary growth, the result of a peculiar dyscrasia, but a secondary deposit, the offspring of an infective process. The aboriginal source of that infection is said to be for the most part some material which has undergone the caseous degeneration. Analogous deposits in the form of secondary abscesses occur, as you know, in pyæmia. Now, assuming the truth of the aforesaid law, how are we to account for the acute development of tubercle in our case? On careful examination we found nothing whatever to explain it, save only the collection of decomposing catamenial blood in the vagina. Blood of course contains white corpuscles, and white blood-corpuscles are held by many to be chiefly, if not exclusively, the progenitors of pus-globules. Blood, then, in its retrograde metamorphosis, may be supposed to go through a process akin to suppuration, and on this view no one would have been surprised if we had discovered in our case the evidences of pyæmia. Again, there is but one step between suppuration and caseation; and, indeed, the essentials of the change in question may have actually existed in this girl, although, of course, the appropriate form and consistence were wanting; for condensation was impossible with a fresh flow of blood recurring at each catamenial period. On this view there is nothing unnatural or astonishing in the discovery of tubercle, which, in the absence of all other conceivable sources, may, with extreme probability, be ascribed to the decomposing blood-mass in the vagina. Perhaps, however, I have been refining too much and drawing unnecessary distinctions. It may be that sometimes the same foci of infection give rise to pyæmia and tubercle indifferently, the particular product developed varying with the constitution and surroundings of the patient. Nay, more, it is not beyond the limits of a fair presumption that both processes may occur at the same time in the same individual, and in our own case it might not be going too far to designate as products of something like pyæmia the pustular scabs on the trunk and the ecchymoses beneath the pleura. There is an obvious reason why the two processes should not *often* be found co-existing in the same person; pyæmia will, for the most part, kill before tubercle has time to grow.

I conclude, therefore, in favour of the disintegrating blood as the fountain-head of the mischief, and this conclusion is positively and strikingly confirmed by the multitude of miliary granulations clustered around the os uteri, and scattered throughout the recto-uterine fold of the peritoneum. If I am right, the case is almost unique, for I cannot recollect having heard or read of tubercle originating in the decomposition of blood.

Clinical Lecture
ON
TRACHEOTOMY IN CASES OF CHRONIC LARYNGEAL DISEASE.

BY EBEN. WATSON, M.A., M.D.,
PROFESSOR OF PHYSIOLOGY IN ANDERSON'S UNIVERSITY, AND SURGEON TO THE ROYAL INFIRMARY, GLASGOW.

GENTLEMEN,—Chronic disease of the larynx is of many kinds and varieties, and of these you have lately had some illustrations in my clinical wards. Most of these cases get better, if properly treated, without operation; but for this end the patient must be perhaps confined to the house, and certainly retained for a long time under medical care. Hence it is likely that a certain proportion of such cases will become worse from various causes, not quite under the control of either doctor or patient. Again, there is a peculiar danger incurred by this class of patients which can never be wholly obviated—namely, the tendency to acute exacerbations of their disease. This tendency, while in a degree common to all chronic diseases, is peculiarly remarkable in the chronic affections of the larynx, and thus the patient may at any time be brought into imminent peril requiring surgical interference.

These remarks have been dictated by two cases which we have just been watching with much interest—the one to an unexpectedly fatal termination, the other to a more favourable issue. I wish now to call your attention to the chief features of these cases, and the more important clinical points connected with the operation performed in both of them.

The first case was that of a man, aged forty-three, recommended to me by a medical gentleman in the country. I saw him in private some time before his admission to the hospital, and prescribed for him; but, as he became worse, he returned to town, by my advice, to have tracheotomy performed. His case was one of long-continued chronic laryngitis ending in ulceration of the glottis and necrosis of the right border of the thyroid cartilage. There was also some œdema of the aryteno-epiglottidean folds. I showed some of you these lesions by means of the laryngoscope before operating, for they could thus be quite clearly diagnosed. The stethoscope, however, gave very unsatisfactory evidence of the state of parts because of the great noise produced in breathing; but it was evident that the glottis never yielded sufficiently, and that very little air was admitted to the lungs. Yet the percussion was good over the greater part of the chest, and the man's general health was reported to be fair.

I therefore determined to open the trachea as the obstruction to the breathing was at the glottis, and could not be, at this stage of the case, relieved within a considerable period of time. To enable the man to breathe during the period of treatment was thus the primary object of the operation. But it had also another object—viz., to give the parts complete rest. For as in ordinary breathing the glottis is constantly moving, so still more is it agitated in forced or difficult respiration. Hence the continual aggravation of the ulcers on its surface and the frequent excitement of œdema in its neighbourhood.

In approaching the operation of tracheotomy you have first to consider the question of giving chloroform. Now, in the case before us the anæsthetic seemed to act very badly. The

man fainted and ceased to breathe, and the operation was performed on him while in a state of apparent death, from which he was only rescued by artificial respiration performed through the tube. The same thing has happened three times in my experience, and it is very alarming; though I am happy to be able to add that all three cases rallied and recovered. It is very strange that two of them occurred to me in this hospital and during the present session, within a few weeks of each other. Other surgeons have met with the same difficulty more or less frequently, and it becomes us very seriously to consider the cause or causes of the occurrence referred to, and whether or not it should prevent us from employing chloroform during tracheotomy.

I remark here, then, that in some, perhaps in many, of these cases the cause of the syncope is neither entirely due to the chloroform nor to the laryngeal disease. And this is proved by the case under discussion; for when the patient died, a fortnight after the operation, it was discovered that the surfaces of the pericardium were completely adherent. Now you will remember that the man fainted before he became insensible with the chloroform, and that while in the hospital he had another similar faint without chloroform; and, indeed, I believe he died in a third attack, which might not have been fatal had it not happened during the night—for he was found dead in bed. He had never been so well as on the day before: he had been out of bed for the most part of it, and was cheerful and happy. The faints, and finally his death, were caused by the heart disease; and I believe the faint at the time of the operation was but doubtfully connected with the chloroform. Any agitation or excitement might have produced it, or it might have occurred, as the fatal seizure did, without any cause appreciable by us. And so likewise may it be in other cases. I do not mean that adherent pericardium can reasonably be supposed to exist in any considerable number of them; but I do think it not unlikely that causes quite apart from the action of chloroform, or the conditions demanding operative interference, often occasion the difficulty to which I now refer, and that, as most cases recover, these causes are never definitely discovered. I have, indeed, been sometimes tempted to explain this occurrence as caused by the retention of more than the usual quantity of chloroform in the lungs, owing to the partial failure of the expiratory efforts under the anæsthetic influence, combined with the obstruction in the larynx. This is especially likely in cases of so-called œdema glottidis, in which, when the muscles of tongue are paralysed, the œdematous folds at its root and at the sides of the epiglottis are allowed to fall down upon and to fill up the glottis. In this way a more abundant and rapid absorption of the chloroform would be caused, and it might thus affect the heart so as to produce syncope. Of course it may be said that in every administration of chloroform there is some risk of a similar misadventure; but it is undeniably more frequent in cases requiring tracheotomy than in others. Fortunately, however, it is not, after all, very common; for, out of a considerable number of cases, I have only met with it three times; and I think it need never end fatally if you attend to the precautions I am about to mention to you.

In the first place, be on the watch for its occurrence, and be prepared to combat it. Never, if possible, attempt such an operation without at least one reliable surgical assistant being present to help you. In the next place, be not easily dismayed, and do not for a moment think of desisting from opening the windpipe; on the contrary, proceed, as rapidly as may be, with the operation: introduce the tube and make artificial respiration, taking care that in doing so the tube is not jerked out of the trachea. I beg you not to neglect the practice which you saw me pursue—namely, to pull forward and to jerk the tongue frequently during the period of returning animation. Of course this is not done to admit air to the windpipe, for we suppose that the tube is fairly in the trachea; but I believe it acts as a powerful stimulus to the pharyngeal branches of the pneumogastric nerve, which you know is the chief excitor of respiration. Lastly, persevere long in your efforts at restoration, and, as soon as possible, administer a little brandy-and-water. In one of my three cases it was fully a quarter of an hour before the above-mentioned proceedings could be safely desisted from.

The second of the two cases of tracheotomy which you have seen with me this session was likewise sent to me from the country, and was an example of an acute exacerbation of long-continued laryngeal disease. There were no ulcers visible in this case even on careful examination with the laryngoscope, but only very abundant œdema of the arytenoepiglottidean folds. Some of you will remember that a year ago this patient was treated by me in Ward 26 for the very same state. The means then used were, free incision of the œdematous masses by means of the laryngeal lancet, and the administration of the iodide of potassium, with the application of iodine liniment over the larynx externally. She at that time recovered; but the present attack was more severe, and, taking into consideration the condition of the glottis beneath the œdema, I recommended tracheotomy as a measure indispensably necessary in order to a more thorough treatment of the larynx.

Now, in your surgical text-books there is a good deal written about the choice of the part of the trachea to be opened in such cases—namely, whether it should be above or below the isthmus of the thyroid body. I do not, however, think that this is much attended to, or much deserving of attention, in practice. I believe that the isthmus is often cut through with perfect impunity, and I am sure that it is seldom seen in the performance of the operation. The great rule which I would impress upon you is, after cutting through the skin and superficial fascia (which you ought to do exactly in the mesian line), to use the edge of the knife as little as possible. Take the back of its point, or even its handle, and thus separate the muscles in front of the trachea, so as to avoid wounding the vessels; and if, after doing this, you perceive the isthmus, push it up with the blunt end of the scalpel and clear the tracheal rings below it. You may then plunge in a small sharp hook to steady the trachea, and open it to the necessary extent to admit the tube. In a few cases you may find the veins very turgid; and they sometimes are torn or cut, and bleed abundantly. It is now pretty well established as a rule in surgery that you ought not to wait for the complete subsidence of this venous hæmorrhage before opening the trachea. Yet it is better to do so if you can, and if there is no very urgent call for haste. You will, in such cases, find acupressure needles very useful, for they may be made to include and restrain bleeding from the entire lip of the wound.

The only other point to which I think it necessary at present to refer is the length of time which a patient may require to wear the tube in the trachea. Now this varies greatly—in my own experience, from a few days to several years. Only a few days ago I withdrew a trachea-tube from a boy's throat four years after I had introduced it for him. At the time of the operation his case was very similar to the one on which I have just been commenting, being an acute exacerbation of a chronic laryngitis. I saw him with Dr. James Stewart, whose patient he was, and by whom he had been carefully treated for a long time previously. Soon after the operation he became strong and active. He attended school, and latterly, with his father's family, resided out of town. When he was brought to me the other day, I found the tube quite filled up with granulations, and the boy had a very fair voice, which was improved on withdrawing the tube. I had some difficulty in persuading the parents to allow the wound to heal, but I am sure the tube was no longer necessary.*

Other examples of retention of the tube in the trachea for periods nearly as long as in the case just mentioned have come within the range of my own observation, and I never knew any bad result from this cause. Notwithstanding, therefore, a contrary experience in a few exceptional cases, I believe you need not fear to retain a properly made silver tube in the windpipe, even for years, if it is required so long.

The patient on whom I last operated will in all probability require to wear the tube for a long time, because of the nature and previous continuance of her disease; in fact, she must wear it until other measures have had time to effect a cure and enable her to breathe freely through the glottis. The progress of the case will be from time to time ascertained by means of the laryngoscope, which is quite invaluable for all purposes of diagnosis in the larynx, and the use of which is quite indispensable to the right treatment of its diseases. But I cannot in this lecture enter upon the various remedies appropriate to such a case as

* The wound soon closed up, and the boy remains well.

that before us; I may, however, mention that these must be both local and constitutional, having for their object the complete removal of the œdema and the restoration of the indurated valve of the glottis to its natural mobility. The laryngeal lancet and various kinds of inhalations from the spray apparatus should be first employed, and afterwards the topical application of solutions of nitrate of silver, of different strengths, according to the state of the parts. The chief internal remedy on which I rely in such a case is the iodide of potass; and sometimes I prescribe a short course of the iodide of mercury, taken at the same time with the other drug. By such means I hope that our patient will in due time be restored to perfect health.

CASE OF

ACUTE LOCAL MENINGO-CEREBRITIS, WITH APHASIA.

BY T. CLIFFORD ALLBUTT, M.D.,
PHYSICIAN TO THE LEEDS GENERAL INFIRMARY.

THE following case seems to me to be so remarkable from the clinical point of view that I think it right to publish it at once, before it is forgotten in the lapse of time and under the pressure of other work. I am the more disposed to do this as the case falls in well with the series now in course of publication by my friend Dr. Lockhart Clarke.

Mr. X., aged thirty-eight, a patient of Mr. Crocker, of Bingley, was first seen by me about one year ago, during an attack of rheumatic gout. He was a large, well-built man, but somewhat heavy, and rather sallow in complexion. He had not been an intemperate man in the ordinary sense of the word, but had lived very well, and had been accustomed both to drink wine and to smoke rather freely. The rheumatic gout fell upon both feet, and subsequently upon the ankles and wrists. He had often suffered before, but chiefly from rheumatism proper, and on a previous occasion he had been under the care of Dr. Garrod. In the present attack he had no heart complication, nor any tendency to endocarditis or pericarditis. The case proved somewhat obstinate. The patient was himself no doubt rather difficult to manage, and may in some measure have retarded his own recovery; but Mr. Crocker and myself were strongly of opinion that the renal excretion was defective, and hence that his sufferings were protracted. There was no albumen, however, to be found in the urine.

Mr. X. gradually recovered, and entered as usual into business. I heard no more of him until Dec. 10th, 1871, when I was suddenly summoned, as he had been seized in a "fit." Mr. Crocker on that day was in attendance upon some other member of the family, and Mr. X. was, on Mr. Crocker's arrival, sitting alone. Mr. Crocker, on speaking to him, found him unable to connect words into sentences. He was conscious of his own inability, and caught at the true reply when suggested to him. There was then no stupor or dizziness; and, at Mr. Crocker's request, Mr. X. walked unaided upstairs, undressed himself, and went to bed. Two or three hours later stupor set in, and deepened into the state in which I found him at midnight. When I spoke loudly to him he showed some signs of hearing, but no speech or recognition could be drawn from him. There was no palsy, but the pupils were, I think, dilated. We agreed to place two drops of croton oil upon his tongue, and the brisk purge had the effect of clearing all up again, and my services were not in any further request.

I heard of him as attending to business as usual, asserting himself to be quite well. His wife, however, and Mr. Crocker were not quite satisfied about him, and I was written to by both of them to such effect more than once. The nature of this attack was a matter of much questioning between Mr. Crocker and myself. Its transient character made hæmorrhage rather unlikely, and the diagnosis of uræmia seemed also improbable, as there had been no marked drowsiness, no sickness, and no headache beforehand, nor was there any albumen in the urine. Moreover, something like complete recovery at once set in, and continued, so that we attributed the attack to a sudden congestion of the brain. Mr. Crocker, indeed, urged complete rest, and warned the friends more than once against impending brain disease. As subsequent events showed, that diagnosis was probably the true one.

On the 10th of last May I was again requested to meet Mr. Crocker at the house of Mr. X. Neither Mr. Crocker nor his family thought him seriously ill, but during the last few days he had been out of sorts, and his secretions had gone wrong, nor did he seem to get quickly right again. His chief complaint was of intense frontal headache of unusual severity. Some alarm had sprung up lest a new attack of gout were brewing, and hence the consultation. When I first saw Mr. X. the headache had ceased, and I was disposed to look upon his ailment as a mere temporary disorder, and was on the point of committing myself to this opinion somewhat boldly. Fortunately I was saved by an invariable rule of taking the temperature in every case to which I am called. I had now inserted the thermometer as the merest form, but the cheering words died on my lips as I withdrew it at a temperature of 103°. Clearly we were in for something, but for what was not so clear. The pulse I had previously counted at a moderate rate, I believe under 80. There was no eruption, no history of shivering, or indeed of any febrile movement, no diarrhœa, no tenderness of body, nor were there morbid physical signs of any kind about the lungs or heart. Our next two visits did but little to remove our anxiety; the daily variation of temperature between 102° and 103·6°, or even 104° on one or two occasions, was really our only substantial symptom. Now, however, the tendency to deep flushing of the cheek became visible, though no important sweats or shivers occurred. One brother had died of phthisis, and acute tuberculosis presented itself to us as probable, but as yet there was no overt sign of such a thing. During this early stage we noticed the curious independence of the pulse, which never reached 100, and was once or twice as low as 60 in the minute. This was the first observation which gave us a hint of cerebral disease, and this hint once gained, the previous head attack could no longer be forgotten. And we were beginning to realise the fact that Mr. X. had not quite a natural manner, not even the manner of an ordinary invalid. He was curiously obstinate in denying that he was ill, and declined to take medicine, so that the remedies ordered, if taken at all, were only taken under much persuasion. He was, moreover, remarkably taciturn, speaking if at all in very brief sentences. But there was no intolerance of light, no vomiting, no symptoms of palsy or disordered sensation, no delirium, and no decided mental defect. On inquiring more closely from his friends it seemed that Mr. X. had of late been more indolent and taciturn. He would either not speak at all or would speak in a very brief way, though by nature a kindly man. He had also been very much annoyed by one or two matters which, if not actually small matters, were at any rate not of a size to affect a healthy man so profoundly. Chiefly, however, we learnt, for the first time, that twice within the last six months Mr. X. had been unable to reply when addressed; for a few moments it seemed as if the words would not come. But these isolated occurrences were put down as mere "fits of absence" and almost forgotten. On the other hand, shortly before his illness, he had gone through a long and complicated process of "stock-taking" in his business. As the illness went on it seemed more and more clear that the brain was the offending part, and that the temperature disorder was one of those curious clinical phenomena which help to prove the great influence exerted by the nervous system upon heat production. A very characteristic sign now also appeared in the twitching of the lips and of the muscles about the mouth, the "tache cérébrale" was well marked, the tongue became very tremulous, and it was evident that he really could not say more than two or three words, and that even these exhausted him. At a later time these short sentences became rather inappropriate in their matter, little oddities of expression and unseasonable jokes making their appearance. He would also watch people as if suspiciously; the memory seemed to fail in recent things, and the obstinate refusal of medicine and even food drove his nurses almost to despair. The pulse now generally rose to about 100; the temperature to about 102° to 103·5°. Now, also, for the first time, Mr. Crocker found a little albumen in the urine. At one of my last visits some words were wrongly used. On being asked if he knew

his brother, he replied, "I know what it was"; and one or two other such errors occurred. In about one month our poor patient sank exhausted, becoming physically weaker and weaker, as though worn down by fever. There was no palsy, but a good deal of twitching and starting of all limbs continued during the last week or ten days of life. There was no coma or convulsion proper, nor even any change in the pupils. No ophthalmoscopic examination could be made on account of the large well-lighted room and the position of the bed.

We very urgently pressed for post-mortem examination, as we had taken the friends into full confidence throughout, both during our early times of doubt and afterwards. This was at first opposed, but afterwards, to the great credit of all concerned, full permission was given to us. The examination was made, in my unavoidable absence, by Mr. Crocker, assisted by Mr. F. Wright, my house-surgeon at the Leeds Infirmary. Mr. Wright had no knowledge of the history of the case, and I abbreviate simply from his notes.

Autopsy June 7th, thirty-eight hours after death.—Body fat and well nourished. Rigor mortis slight. Decomposition .....somewhat advanced. ..... There was meningitis over the surface of the left hemisphere; ..... brain-substance normal everywhere except in the anterior lobe of the left hemisphere on its upper surface, where the tissue was soft, of a uniformly greyish colour, and readily broken down under the touch. ..... Lateral ventricles contained a small quantity of reddish fluid. No arteritis. Heart healthy..... Other viscera healthy, save the kidneys, which were both rather larger and paler than natural, and presented an early stage of fatty degeneration. Parts were removed for microscopic examination; but the autopsy was made in the evening, and on the next day the parts were too much decomposed for the purpose.

This case is full of interest. The mischief in the anterior lobe of the left hemisphere was attended, not exactly with common aphasia, but with a decay of conversational power. The patient looked intelligent enough, but was unable to speak more than a few words—the few spoken being, however, for the most part, quite appropriate, and varying with the questions. In a word, he was rather mute than aphasic; and this muteness and disinclination to converse (apart from any sulkiness) had been creeping on for some time. He had had two several attacks of common aphasia during the preceding six months, which, however, were transient; his sudden attack in December commenced with aphasia; and I should have added that at the outset of his final illness, Mr. Crocker, at his first visit, found Mr. X. sitting in his chair, not seeming very ill, but quite unable to reply to him for a few seconds. This was so transient as scarcely to attract much notice at the time. On the other hand, he had been able to go through with a heavy stock-taking without any errors.

Another very interesting point is the indication of the thermometer. By the thermometer alone did we learn at first that we had any serious ailment to deal with, the skin having a natural feel, and the pulse being of a natural rate. I may add, indeed, that this very contrast between pulse and temperature did more—it put us on the traces of the kind of disease that was insidiously at work. Of meningitis we had scarcely a single acknowledged symptom from first to last, except the high temperature and the initiatory headache. I should perhaps add that all evidence opposed any suspicion of syphilitic taint.

P.S.—Since the above was placed in the hands of the printer I have had a case almost exactly like it, both in symptoms and in pathological appearances, under my care at the Leeds Infirmary. I must not venture to occupy another column of THE LANCET, but I may shortly say that the symptoms were almost the same, so much so that I referred to Mr. X.'s case, and prophesied the same lesion. In my Infirmary case, as in the other, we had not so much to deal with common aphasia as with muteness and a tendency to speak in short sentences. The more we see of common aphasia, indeed, the more we see instances of its melting off into defect of memory and of mind at one end, and into faulty articulation at the other. It is an interesting fact to note that the districts of softening in both cases were rather on the upper and inner tracts of the left anterior lobe than on the outer and lower portion.

Leeds, July, 1872.

A SUCCESSFUL CASE OF IMMEDIATE TRANSFUSION.

BY J. H. AVELING, M.D.,
PHYSICIAN TO THE CHELSEA HOSPITAL FOR WOMEN.

THE following satisfactory case of transfusion proves that the old "immediate" method of performing the operation has many advantages—so many, indeed, as to lead to the belief that it must ere long be adopted by the profession. For one hundred and fifty years no other plan was known; and it is only during the last half-century that "mediate" transfusion has been in vogue. The delay and difficulty in operating and the deteriorated condition of the blood transmitted are the great objections to this latter method. If it can be shown that the immediate plan is as successful as it is simple, transfusion will assume its proper place among the remedies of the healing art, and will be used both by physician and surgeon in all cases where deterioration or loss of blood threatens extinction of life.

Mr. F. E. Webb, of Maida-vale, has kindly furnished the following notes of this case previous to the time of my being called in:—

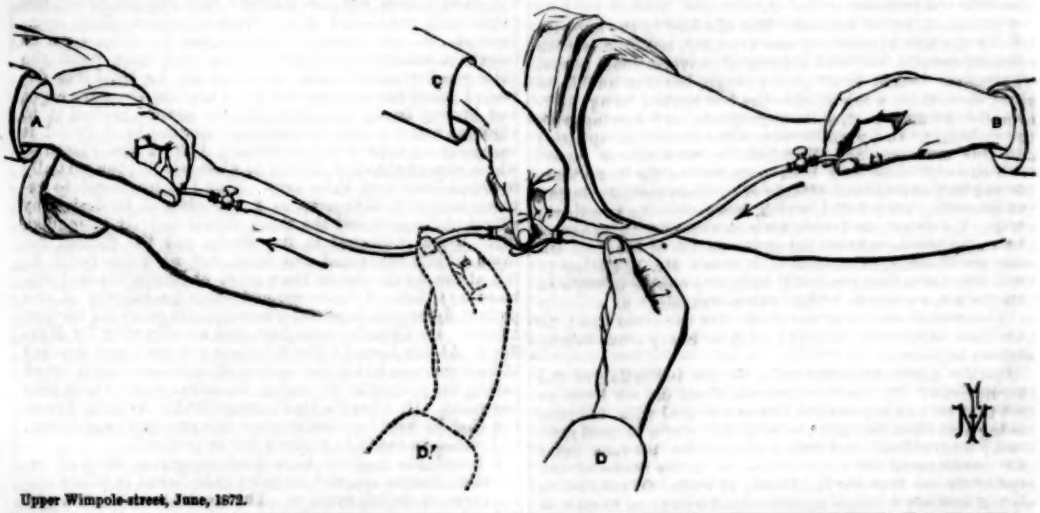
"Mrs. W——, a small, fair lady, aged twenty-one, of rather delicate constitution, was seized with abdominal pains on the evening of March 24th. Early on the morning of the 25th I was sent for. The pains were frequent, but there were no expulsive efforts. The os was slightly dilated and the vaginal secretion abundant. Labour proceeded slowly, owing to the brim of the pelvis being narrow; and the child's head did not descend into the cavity of the pelvis until one o'clock, when sharp expulsive efforts commenced. At two o'clock I began to give her chloroform at intervals, but not to insensibility at any time, until the child was born at 3.30 P.M. As soon as the child was detached smart hæmorrhage set in. I sent for ice, gave ergot and brandy freely, and, grasping the uterus, excited it to vigorous action. The hæmorrhage continuing, I found it necessary to detach the remaining half of the placenta, which was unusually adherent to what felt like the partially inverted fundus of the uterus. This I endeavoured to replace, but without success, as I was obliged to desist my efforts at the time lest the shock should entirely extinguish life. Blood continued to flow freely, and the patient became rapidly exhausted and faint, and no pulse could be felt at the wrist. Ice in the vagina at length checked the bleeding; but, as there seemed every probability of the patient dying, the husband was requested to go for further advice. Dr. Cheadle came first, and shortly after Dr. Meadows. At this time (4.30 P.M.) there was no great amount of hæmorrhage, but we all agreed that the only prospect of saving the patient's life was to transfuse some blood into her veins. Dr. Cheadle kindly went for Dr. Aveling, knowing that he would probably have the necessary apparatus, and would be ready to perform the operation."

I found the patient in a most dangerous state of exhaustion, insensible, and no pulse to be found in either the temporal or radial arteries. The pupils were dilated, and did not contract when a light was placed near them. The hands and feet were cold, and the lips and face blanched. The heart's action was weak, and growing perceptibly more feeble. It was evident there was no time to be lost. A fold of skin at the bend of the patient's arm was raised, transfixed, and divided; when a large flattened blue vein became visible. This was opened, and the afferent tube with some difficulty, on account of the insufficient light of two candles, was adjusted. The arm of a coachman in the employ of the family was next prepared as in ordinary bleeding, and an incision made directly into the vein sufficiently large to admit the efferent tube. The man was then seated in a chair beside the bed, and the india-rubber portion of the apparatus filled with water having been attached to the tubes, the process of transfusing commenced. After a few drachms had been transmitted, Dr. Meadows, who kindly took charge of the afferent tube, thought he felt the skin rising near the incision, and suggested that the tube was not in the vein, but in the cellular tissue beside it. This proved to be true, and the tube had to be taken out and inserted into the vein. Its collapsed con-

dition and the want of light made this no easy task; but it was at length effected, and the transfusion then went on steadily and easily until more than sixty drachms of blood had been injected. As the operation proceeded, the pulse at the wrist became perceptible, the lips less blanched, and warmth returned to the hands. The patient also became conscious for a short time, and said she was "dying." The mental improvement was not as marked and rapid as I anticipated; but this was, perhaps, due to the quantity of brandy she had taken. In a few hours, however, she became quite conscious, spoke, took nourishment, and began her fresh lease of life. The wound in her arm healed by first intention; but it opened again a few days after to allow some pus to escape, the result of the accident already alluded to. When the patient was sufficiently recovered she was placed under the influence of chloroform, and the uterus, which had become completely inverted, was returned to its normal position. After this operation Mrs. W—— improved rapidly, and is now quite well. It would be ungrateful not to admit that a large part of the success of the operation is due to the able assistance I received from Dr. Meadows and Mr. Webb, and, I must add, from the coachman, who was not only collected and cheerful, but able to make several useful suggestions during the process of transfusion.

Mode of operating.—The patient having been brought to the side of the bed and the arm bared, a fold of skin over a vein at the bend of the arm is raised, transfixed, and divided. The flattened vein now brought into view should be seized with a pair of fine forceps, and raised while an incision is made, and the bevel-pointed silver tube inserted into it. The tube should be filled with water, and kept full by placing the thumb over its larger opening. While the operator is doing this an assistant should prepare the arm of the blood-donor as in ordinary bleeding, making an incision direct into the vein, and passing the round-pointed tube into it, with its point towards the fingers. This person should then be brought to the bedside of the patient, and seated in a chair. No ligatures are required. D represents the hand of an assistant holding the efferent tube, and the lips of the small wound together, and A shows the afferent tube secured in the same manner. The india-rubber portion of the apparatus, filled with water and kept so by turning the cock at each end, is now fitted into the nozzles. The cocks are then turned straight, and the operation commenced by compressing the india-rubber on the efferent side, D, and squeezing the bulb C. This forces two drachms of water into the afferent vein. Next shift the hand D to D′, and compress the tube on the afferent side; then allow the bulb to expand slowly, when blood will be drawn into it from the efferent vein. By repeating this process any quantity of blood can, at any rate, be transmitted, the amount being measured by counting the number of times the bulb is emptied.

This instrument was invented and shown to the Obstetrical Society in 1864. Dr. Oré, who published an excellent work on transfusion in 1868,* describes an apparatus similar to mine, except that it has valves. These are objectionable, inasmuch as they get out of order, and whip the blood when passing through them. He agrees with me, however, concerning the relative values of the "immediate" and "mediate" methods. He says, in performing transfusion by the immediate plan, his experience has shown that embolism is easily avoided, and that the defibrination of the blood is useless in man, as it does not coagulate for four or five minutes after it has left the vessels.



Upper Wimpole-street, June, 1872.

OPHTHALMIC NOTELETS.

BY J. F. STREATFEILD, F.R.C.S.

IV. ON THE USE OF A FORCIBLE JET OF COLD WATER SPRAY IN CASES OF PHLYCTENULAR OR OTHER OPHTHALMIA WITH MUCH INTOLERANCE OF LIGHT.

SOME few years ago a new method of treating the cases of ophthalmia in children with much intolerance of light was introduced into this country from Germany. The treatment was, I believe, von Graefe's. It has been very successful whenever I have tried it; but there are many objections to its employment. A large basin is nearly filled with cold water, and an attendant takes the refractory child round the waist, with its arms beside it, under his right arm. The child's head is then brought down, and held under water by the left hand of the attendant for a quarter of a minute or more. If then the child will not, or cannot open its eyes, it is again inverted, and the head immersed. And, as I have said, it hardly ever fails soon to effect a cure. But the child, and the attendant also very probably, get very wet; and the mother of the child, and the child also I suppose, think it will be drowned. And that the cold water should be applied even to the whole face and head of the patient does not seem to be necessary.

When the grand new system of baths in the skin department of University College Hospital was started by Dr. Tilbury Fox, I resolved to ascertain for myself, with such facilities as I then had close at hand, if the cold-water treatment of these eye cases might not practically be improved. There were to be, amongst others, douche-baths of all kinds—descending, ascending, and horizontal jets. I began to make use of the latter as soon as the baths were completed; and I have not been able since that time to

* Etudes Historiques et Physiologiques sur la Transfusion du Sang. Paris: 1868.

devise any practical improvement on the system of treatment thus inaugurated. It was only necessary to provide an ample little waterproof cloak, which opens behind, and is tied closely around the neck of the little patient. The bath attendant holds the child up in his hands in the current of cold water spray, and facing it, as soon as the water is turned on. The cloak in which the child is enveloped and thus held is sufficient to keep its hands down, and the spray current is so large that it cannot, by turning its face aside, get out of the way of the jet. The power of the application may be very readily increased or diminished by bringing the child nearer to, or removing it further from, the rose from which the spray current is given off. This rose is attached to a pipe in the wall of the apartment. It is perforated with many very small holes close together, and in a direction perpendicular to the surface, so that the separate jets of which the long column of spray is composed are nearly parallel, and but little divergent. The pipes are supplied by the mains of the water-works, and, the baths being on the basement floor of the hospital, the force of the water is greater from this cause also. The pipe to which the rose is attached has a tap close at hand, by which the water is turned on and off, as it is required. The whole apartment is cemented, and the floor is drained.

With a little more time and thought, the remedy may be employed in any house supplied with water derived from taps and fed by a cistern. It will only be essentially necessary to have an india-rubber tube with one end tied over the mouth of the tap and the rose at the other end of it. The force of the water will of course be most in the lower rooms.

This method which I am now advocating I have found to be more rapidly and certainly successful than the old way of inverting the child and immersing its face and head. And if I am right in this, I presume it must be attributed to the mechanical force of the spray jet; for in either case we have the cooling effects of the cold water, which are very valuable, as the good results of the immersion system have, I think, proved to us. Probably, in such hot weather as we have had recently, the remedial effects of the douche would be greater if the temperature of the water were to be artificially lowered. The force of the water may be regulated as required in any case, and suddenly or gradually increased or lessened in the way I have pointed out or in any other way. I believe that, with quite cold water and sufficient force, no child, however intolerant of light and obstinate, can resist the spray-current. It is not only that it can or will then open its eyes, but it both can and will do so. The effects are, no doubt, both physical and moral.

The face of the child is directed towards the jet of water and held in the spray-current for a minute or two, once and again, as may be necessary, till the child opens its eyes. Then they can be examined, and any other treatment proper for the case be prescribed accordingly. The *immediate* effect of this cold-water treatment, when it is first employed, is that the child struggles and tries to turn its head away and escape, then its screams are checked by the flow of the water-spray into its mouth, or by astonishment and curiosity, but even more, I think, by subsidence of fear and the gratefulness of the local application. Perhaps the child cannot at once open its eyes, or will not make the effort, but the power is soon attained, and it is of a different mind. After two or three applications of the remedy it has never failed in my hands. In the next place it seems to act as a sedative and to allay the terrible irritability of the patients who require this treatment. The *remote* effects of the remedy are seen in the second and subsequent visits. The child tries at least to open its eyes, and generally it can do so; but if not, the cold water spray is employed again. The mother is generally much pleased and grateful. The child is less fractious, and in all probability can open the eyes at least sufficiently to allow of an examination without manual force. It is not only for fear of the surgeon and the douche that the so-called "naughty" children will open their eyes at the second visit, but they have, before this, become more tractable and "good," as the mothers say, in the absence of any such fear. They have acquired a new power. The eyes are much less injected, the flow of tears is checked, and the cure progresses steadily from this time forward. There is no more of the violent spasmodic action of the orbicularis palpebrarum, and the eye itself is less and less irritable and inflamed. Any other local remedies employed for the ophthalmia, and to be applied to the conjunctiva, are very ineffectual so long as the photophobia exists, especially because of the extreme difficulty of their introduction between the lids and the flow of tears which immediately follows any attempt of the kind, or even, in some cases, the suggestion of an attempt. The intolerance of light must first be conquered. It is absurd to prescribe for the local inflammation in the first place, because it is in some degree at least due to the photophobia and the concomitant lachrymation and spasmodic contraction of the lids. 1st. Treat the photophobia with cold water and air, and such light as can be borne; (*a*) give cod-liver oil and syrup of the iodide of iron or steel wine or other tonics; (*b*) give a belladonna or atropine lotion. 2nd. At a later stage, if the ophthalmia be chronic, add an astringent to the lotion given (sulphate of atropine and sulphate of zinc, a grain or two of each to the ounce of water is a good formula). The congestion of the lids, the palpebral and ocular conjunctivæ, and, with it, the watery or other discharge, become manifestly less when the cold water alone has been employed, after a first application, and so also each time afterwards, with or without other remedies; the congestion is lessened, and as it is less so are also the photophobia and lachrymation equally diminished. But to effect a cure the intolerance of light must be overcome, and at any rate must not be subordinated to the other symptoms. The ophthalmia is often very slight when the photophobia is excessive, but the former cannot be quite cured whilst the latter is in force. The photophobia no doubt is but a symptom in itself, but it is productive of many evils, and so it must be combated. I think it probable, however, that not only indirectly does the cold water benefit the ophthalmia, but that it acts also as a local astringent, and in other less important ways. It promotes cleanliness, and the direct cooling effects of the douche as I have employed it are no doubt important in more ways than one. I do not know if, in the cases in which this treatment does so much good, the temperature as shown by the thermometer within the lids is above the average, but it seems probable that it is so. I mean to make the experiment; and I mean to try the effects of a fine single forcible jet of very cold water applied directly to the surface of inflamed conjunctiva between the lids, held open for the purpose, in cases of ophthalmia in which there is no intolerance of light. I think it may be of much use, in the same way that eye lotions are of use, in some of the superficial eye inflammations. I would not try it in any of the cases of redness (congestions or inflammations) of the eyeball. I mean also to try the effect of my cold water spray-current in some of the cases of hysterical girls who have slight ophthalmia of any kind, and much photophobia with it, if I can persuade them to make a trial of the remedy. Like children, they want the resolution to try to open the eyes, but it will be a less effort to them to resolve to try the effect of the cold water applied to the closed eyelids. The children and the hysterical girls, too, have been probably secluded as much as possible from light and air. If at an early period of their diseases they had been encouraged as much as possible to expose their eyes to cold air, instead of having had them carefully secluded from it by bandages, and shaded from the light in the same way, or by eye-shades or darkened rooms, &c., the cold air, without the more powerful cold water douche, would have been very beneficial, and would alone perhaps have effected their cure. The aggravated cases of photophobia we so constantly see in convalescence from the exanthemata, have generally been fostered by erroneous treatment of the medical practitioners, and misplaced kindness of the patient's relations and attendants. In these naturally or artificially aggravated cases the strong current of cold water spray will be found to be, I think, a most valuable remedy in addition to general constitutional treatment in a class of cases hitherto very obstinate, and in which any local remedies that have been also employed have been, from the very nature of the cases, most inefficiently applicable. The cold douche makes a powerful and sudden local impression, the shock of which is found to be sufficient to enable the children, who are the chief subjects of this persistent and intractable photophobia, to open their eyes. Without it they have no power of resolution to begin and try to bear even the least degree of light. The moral power is wanting, any degree of light is painful,

and no degree of pain will be willingly endured by them for an end they cannot be supposed to appreciate or to anticipate for themselves.

Finally, in comparison with von Graefe's method of treating these cases, mine is, I think, better, in that (1) it is more local in its application; (2) it may be graduated in its use; (3) no unnecessary fear is excited in the patient or in the mother, as it is when the child is held head downwards in actual water; (4) the attendant is not splashed with water, and the child's body is kept dry; (5) it is more easily employed when the means are at hand; (6) and more effectual. For the *force* of the jet of cold water spray is of the essence of the new mode of applying the old remedy.

A CASE OF BRONCHO-PNEUMONIA,

FOLLOWED BY CANCRUM ORIS AND SUBSEQUENT NECROSIS OF JAW; RECOVERY.

By FRANKLIN GOULD, M.D., M.R.C.P.,

PHYSICIAN TO THE MARGARET-STREET INFIRMARY FOR CONSUMPTION AND DISEASES OF THE CHEST.

HENRIETTA M——, a delicate-looking child, came under my treatment March 5th, 1872, with a previous history of cough for two months. Is a fairly nourished child, but has wasted considerably during the last ten days, and has now commenced to exhibit the following urgent symptoms: great restlessness at night, and drowsiness during the day; very querulous when roused, but as a rule lying in a semi-comatose condition; coughs at times; much thirst; no complaint of pain in the head; no vomiting; utters a loud cry at intervals; has had no convulsions and no strabismus; bowels constipated; child can be roused, but seems very stupid and cross. There is loud mucous crepitation over the whole extent of either lung. Tongue moist and clean. Temperature 103·8° F.; pulse 120; respiration 64, very shallow. There appearing a possibility of acute tuberculosis, the treatment was confined to syrup of iodide of iron and an aperient.

March 6th.—Continues much in the same condition; great stupor, but no convulsions. Drinks milk incessantly.

8th.—There is dulness now on percussion over the lower half of the left lung and base of the right; cough and slight expectoration of frothy mucus; much delirium at night, and constant repetition of a piercing cry. Temperature 104·8°; pulse 132; respiration 68. Tongue slightly coated. Ordered solution of acetate of ammonia mixture, and linseed poultices.

9th.—Pulmonary conditions remain unaltered. The child no longer shrieks out, is breathing very fast, and wasting rapidly. Temperature 102·4°; pulse 132; respiration 64.

10th.—Dulness diminishing, and crepitation less coarse; great prostration. Temperature 101°; pulse 116, and very weak; respiration 48. Ordered carbonate of ammonia and wine.

11th.—General condition improved. Temperature 101°; pulse 116; respiration 48.

12th.—Right cheek swollen, mother stating it was from a bad tooth; not examined. Temperature 102·4°.

13th.—Great increase of swelling in right cheek; hard to the touch externally. On examination a considerable patch of sloughy ulceration is seen on the right upper gum, and embracing as it were the two molar teeth, which are blackened and very loose. On the mucous surface of the cheek of same side, and nearer the angle of the mouth, is another patch of ulceration, about the size of a florin, though oval in shape; this is covered with a dirty-grey pultaceous, firmly adherent slough. The freedom from pain and discomfort is in strange contrast with the gravity of these fresh symptoms. Temperature 102·4°; pulse 140; respiration 60. Ordered chlorate of potash in full doses every four hours, with bark; chlorinated soda lotion for mouth.

14th.—Ulceration advancing, now about the size of a half-crown. Temperature 101·6°; pulse 148.

16th.—The ulceration having shown a tendency to attack the muscular structure of the cheek, as shown by the increased brawniness of the tissues, and external shiny blush in centre of cheek, the child's head was held firmly, the two loosened molars removed, and both patches of ulceration thoroughly swabbed out with a strong solution of the perchloride of iron. The discharge was most offensive; molars appeared healthy. A full dose of opium was administered at bed-time.

18th.—A large slough has come away, leaving a deep, sharply defined punched-out ulcer, more than an eighth of an inch in depth, with a healthy granulating surface; contraction has already commenced; ulceration about gum looking healthier, but a portion of bone is seen blackened and exposed; discharge still very fetid; takes food well; cough less; pulmonary signs much improved.

19th.—Brawny swelling in cheek softening and diminishing rapidly; ulcer fast contracting, is now little larger than a shilling; lower third of left lung and extreme base of right still dull; slight mucous crepitation; temperature 99·4°; pulse 130; respiration 25. Ordered syrup of iodide of iron and cod-liver oil.

From this time the child began to steadily improve, but subsequently, owing to the necessity for some operative procedure for the removal of the dead bone from the upper jaw, as well as for remedying the deformity which had ensued from the cicatrisation of the ulcer in cheek, the patient was admitted into King's College Hospital, under the care of Mr. Wood, who removed a portion of dead bone, and also, by means of a small plastic operation on the buccal mucous membrane, counterbalanced the existing deformity.

Remarks.—The extent and depth of the ulceration in this case, with the well-defined separation of a large slough, and concomitant necrosis of the jaw, alone suffice to separate it from the comparatively common disease, ulcerative stomatitis. The pathology of true cancrum oris, or gangrenous stomatitis, has not met with, at the hands of the profession, the study it deserves. Whilst admitting that in some cases the inflammatory action may have originated in and been due to the presence of some blood poison, still the fact that we find this gangrenous form of ulceration occurring in the great majority of instances after a protracted and debilitating disease, such as whooping-cough, catarrhal pneumonia, measles, &c., might warrant the supposition that the nervous energy governing the affected part had been interfered with to an extent incompatible with life. The tissue does not die by ulceration, but *en masse*, as may be seen by the rapidity of the process and the sharp-cut edges of demarcation when the slough separates; but why this inflammatory action should be set up in one part only, and that a mucous membrane rich in nerves and vessels, is difficult to explain, except by the plea perhaps that the increased activity of circulation and nervous force essential to the due development of the alveolar and neighbouring structures renders any interference with that supply full of peril to the life of those tissues.

With respect to the treatment adopted, without claiming the satisfactory results above recorded to have been absolutely due to the exhibition of the chlorate of potash, still the marked improvement that took place speedily after its use, in this example of a usually fatal disease, is not devoid of interest, especially when we recollect the satisfactory results obtained after the employment of this drug in most other ulcerative affections of the buccal mucous membrane. Regarding the local application in these cases, I prefer using the strong solution of the perchloride of iron to the more heroic treatment by nitric acid, as being a method more capable of keeping within bounds, and affording less pain and distress to the little sufferer.

Charlotte-street, Bedford-square, July, 1872.

ON THE QUALITY OF ATMOSPHERIC AIR IN PUBLIC AND PRIVATE BUILDINGS IN LEICESTER.

By RICHARD WEAVER, C.E., F.C.S.

No. II.

THE ventilation of a boys' class-room of a National School (No. 16) was of a meagre order, and the peculiar organic odour characteristic of crowded unventilatad apartments was unpleasantly perceptible, notwithstanding the considerable cubical space afforded by its loftiness. The sanitary

condition of these schools requires looking to, and ought to receive attention from School Boards.

The sample taken from the sitting-room of a private house (No. 20), where gas had been burning for three hours, shows a very notable amount of contamination. This example illustrates the condition of a great number of dwellings occupied by mechanics and clerks—entirely unprovided with ventilation.

Nos. 21 and 22 are from the workrooms of a large manufactory. In the first compartment no gas was burning at the time of observation, whilst in the second sixty jets had been lit twenty minutes. Owing to absence of ventilation this short exposure increased the aerial pollution nearly 70 per cent.

It may be a consolation to humanitarians that the condition of prison cells at the police station was superior to that of the officers' quarters; but the time of observation was a quiet one. On busy occasions, such as Saturday nights, these cells are by no means so pleasant. As they contain seven or eight inmates each, their capacity is reduced to thirty or forty cubic feet per head, whilst the smell from the vitiated air within the cells is described as perfectly sickening, pervading the whole building. Thus there is ample scope for reform in the internal arrangement of this establishment.

The last examples in the accompanying table were taken during the sitting of the Assize Courts holden at Leicester on the 1st of March last. These courts were provided with numerous rotatory ventilators fixed in the roof, but the condition of the air proves their action to be very imperfect from some cause. The higher percentage of carbonic acid in the galleries testifies to the fact of its ascension with the aerial currents, and that there is no tendency towards accumulation in the lower strata of air from superior specific gravity, as has been sometimes argued. The carbonic acid in No. 28 is most excessive, considering that artificial lights were absent and that it was due entirely to animal combustion. The odour in this gallery was strong and oppressive.

Condition of Atmospheric Air of Public and Private Buildings in Leicester.

NATURE OF BUILDING.	Number of persons present.	Space for each person in cubic feet.	Temp. of outer air in F. degrees.	Temp. of building in F. degrees.	Carbonic acid per 1000 of air.	Number of gas-lights burning.	REMARKS ON VENTILATION.
16. National school: Boys' day-room ...	300	139	47	58	3·09	—	Very small ventilators in walls.
17. Ditto Girls' day-room ...	160	348	47	55	2·04	—	Small ventilators in roof.
18. Police Court: The Mayor's parlour	20	270	47	54	1·20	—	Rotatory ventilators in roof.
19. Ditto The Town Hall ...	100	230	47	52	0·98	—	Ditto ditto
20. Private house: sitting-room	7	154	43	60	3·04	1	No ventilation.
21. Worsted spinner's preparing-room	50	1310	50	57	1·06	—	Ditto
22. Ditto doubling-room ...	50	1310	50	60	1·74	60	Ditto
23. Town Hall during Quarter Sessions	300	80	50	65	1·53	17	Numerous ventilators in roof.
24. Prisoners' cell in police station ...	1	285	50	57	1·03	—	Ventilated at open grating.
25. Police station: Sergeant's office ...	4	120	50	67	2·03	1	Ditto by the window.
26. Prisoners' cell at Town Hall	1	500	50	55	0·81	—	Ditto at grating.
27. Spring Assizes: Crown Court; body of hall	350	100	55	60	1·96	—	Rotatory ventilators in roof.
28. Spring Assizes: Crown Court; gallery	350	100	55	64	2·90	—	Ditto ditto
29. Spring Assizes: Nisi Prius Court; body of hall...	200	160	55	60	1·34	—	Ditto ditto
30. Spring Assizes: Nisi Prius Court; gallery	200	160	55	62	1·69	—	Ditto ditto

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

UNIVERSITY COLLEGE HOSPITAL.

DIAPHRAGMATIC HERNIA; TETANOID SPASMS; DEATH.

(Under the care of Dr. RUSSELL REYNOLDS.)

THE following case presents many points of extreme interest: first, in its duration and symptoms; next, in the curious spasmodic condition which preceded death. This latter symptom was such as would suggest poisoning by strychnia; but such a contingency has been excluded by a careful examination of the substances that had been administered to the patient, the hypodermic solution of morphia especially being carefully analysed, and found to be quite pure. Lastly, we have the extensive lesions seen after death, none of which had been suspected. Although the history would appear to point to a traumatic origin, yet there was no evidence of this to be found on examination of the affected parts after death.

Mary P——, aged twenty-nine, was admitted into the hospital on Nov. 4th, 1871. From childhood she was always robust and healthy, and had always been well clothed and fed. She was married ten years ago; and, with the exception of one miscarriage, her health was good for the next three years. Seven years ago her husband in a drunken fit stabbed her in three places: one in the left cheek, another in the left axilla about the seventh rib, and the third in the back to the right of the eleventh dorsal spine. She was told that the wound in the side had penetrated the lung. She recovered from this, and regained her usual health, which lasted till her confinement, a few months after. The labour was a long and tedious one, lasting from the Monday till the Wednesday. She also lost a large amount of blood at the time. She never recovered her strength after this, and began to suffer from repeated vomitings after everything that was taken into the stomach. The vomiting has continued unabated during the last six years, causing gradual loss of strength and flesh. She has never menstruated since her confinement.

On admission the patient was in a state of extreme emaciation, but did not complain of any pain. She said that before her illness she weighed over 9 st.; her weight now is 4 st. 7 lb. The chest was small; the left clavicle more prominent than the right; the angle of junction of the second rib with its cartilage greatly increased. The whole left front above the third rib was flattened; costal angle long and narrow. Below the ensiform cartilage was a groove about two inches long, bounded by the cartilages of the false ribs. The veins on the front of the chest normal; right upper front expanded more than the left. There was an abnormally full percussion note over the whole front. Respiration-sounds at the front, and long-divided; expiration prolonged. But at the left supra-clavicular region the breathing had a bronchial character. Superficial veins of the abdomen very prominent. No tumour could be felt in the abdomen. Liver dulness somewhat increased. The stomach-note was quite distinct in the left hypochondrium, but decidedly deficient towards the epigastric region. There

was an abnormally full percussion note over both backs. The urine was alkaline and contained a trace of albumen. Ordered the white of six eggs, iced.

Nov. 9th.—Had an enema of egg, Liebig's extract, and milk, which was immediately returned.

10th.—To have custard pudding at noon and arrowroot at 5 P.M.

13th.—Custard puddings have been retained, but the white of eggs has been once or twice rejected.

15th.—Can keep down the milk and eggs.

26th.—Ordered a quarter of a grain of opium every three hours. To have nothing but milk and lime-water, but this was vomited; to return to the eggs and custard, which can be retained.

Dec. 25th.—Much improved; the sickness is much less, and patient can now retain larger quantities of food. She now sits up half the day.

Jan. 19th.—Still sick occasionally, but is much stronger, and has gained 19 lb. in weight since admission; weight now 5 st. 12 lb.

Feb. 1st.—Sick generally twice a day.

3rd.—Has had several attacks of diarrhœa, lasting for a few hours, checked by catechu and opium.

5th.—Weight 6 st. ¼ lb.

21st.—Has lost weight (5 st. 11 lb.); still has occasional attacks of sickness.

March 1st.—Had a distinct attack of gout; the left great-toe was alone affected. To have half a grain of extract of colchicum, with her opium pills.

11th.—Colchicum discontinued.

28th.—Opium pills discontinued, but a hypodermic injection of a quarter of a grain of acetate of morphia to be given every night over epigastrium. The first injection caused an unusual amount of pain. There has been a good deal of sickness.

29th.—Evening: Pulse 104. Patient complained of uneasiness and flushing of the face.

30th.—At 6 A.M., contraction of the muscles of the forearm and arm was noticed. Patient complained of no pain. The hands were adducted and fingers and forearms flexed, resisting extension, and returning at once to their former condition. Patient says she cannot move them. Has been sick several times in the night. Pupils contracted, and react very imperfectly to light; no difficulty in opening the mouth or in speaking; no rigidity of neck. Ordered half an ounce of brandy every two hours.—9.30 A.M.: Condition worse; patient cannot open her mouth; has pain in the back and mouth; the forearms, especially the left, firmly contracted; speech is thick; there is considerable dyspnœa; temperature 103·6° F. in the axilla.—10 A.M.: The patient died in a state of general tonic spasm. No loss of consciousness between 6 A.M. and death.

Autopsy forty-eight hours after death.—On opening the thorax the heart was found to be considerably displaced to the right of the middle line, whilst a portion of the stomach, distended with gas, projected in the situation of the heart, and to the left as far as the thoracic parietes. The projection was about the size of two fists. The greater part of the stomach formed a hernia through the diaphragm, pushing up the base of the lung, which was only slightly adherent to it. The liver was enlarged. Right lung normal, pleura dry; left lung pushed upwards, and did not extend below the third rib; universally adherent by thick, firm adhesions. The pleura at the base of the lung was much thickened; the pericardium universally adherent; the heart walls flaccid and thin; valves healthy. On close examination of the hernia, it was found that the stomach and several inches of the transverse colon, with a portion of the omentum, had been protruded through an opening in the diaphragm near the left edge of the central tendon. Firm adhesions existed between the omental mass and the upper surface of the diaphragm, and also between the protruded mass and the under margin of the diaphragm, extending all round except at the inner side corresponding to the situation of the upper extremity of the duodenum, between which and the inner margin of the aperture in the diaphragm two or three fingers could be passed with ease. The whole of the stomach was displaced into the thoracic cavity except a small portion at the cardiac end, which was lying in contact with the spleen. There were seven inches of the transverse colon in the thorax, and about an inch of the duodenum.

MIDDLESEX HOSPITAL.

CARCINOMA RECTI; COLOTOMY.

(Under the care of Mr. HULKE.)

WE this week publish another of Mr. Hulke's cases of colotomy. In this case the patient experienced considerable relief.

C. L——, a fair and somewhat emaciated man, was admitted into hospital April 13th, 1872. He had enjoyed good health up to one year ago. Five years ago he had gonorrhœa, but has never had a rash or a sore throat. Last summer he had an obstinate diarrhœa, lasting more than a fortnight, and this was accompanied with great tenesmus. He then noticed that he had a pile, which gave him great uneasiness. In November he began to desire to go to stool frequently. The motions were natural but were only passed after much straining; gradually the motions became less, and jelly-like; at the same time he began to pass urine with difficulty; it only came away when he strained at stool. At the present time he can only pass his water after much and long-continued straining, but this is often ineffectual, and he has then to wait some hours. He complains of pain of a dull character in the rectum. On examination, the finger, when passed in as far as the second joint, meets with a hard, smooth, nodular constriction, which just admits the tip of the finger; beyond this a rugged ulcerated surface is felt. He has a dull pain in the testicles, which, however, appear natural. He was ordered half an ounce of castor oil and five grains of Dover's powder twice a day. On the 16th a No. 10 catheter was easily passed, proving that there is no stricture. He has passed a fair amount of water after much straining; nothing has been passed by rectum, except a little bloody mucus. On the night of the 17th he had a loose motion; great pain in rectum. He continued in much the same state of discomfort for the next three weeks; the pain being eased for a short time by suppositories of morphia and the bowels slightly opened by castor oil. The constriction was, however, gradually increasing, and on May 28th the fæces were described, when solid, as "thin as a rat's tail"; but there was a constant passing of bloody mucus, and the man was gradually losing strength and flesh. He complained now of a constant and severe pain in the nates; also of great pain occasionally in the stomach, which was much swollen and hard. It was now determined to perform colotomy, and on June 5th the patient was put under chloroform, and an incision was made in the left loin, down to the bowel. The peritoneum was not seen; the bowel was secured by several stitches close to the sides of the wound. One small vessel was twisted; none required ligature, and there was very little bleeding.

June 6th.—Patient quiet and comfortable; passed a fair night; has not been sick; a small quantity of fæces has been oozing from the anus during the night; skin warm and moist.

7th.—Patient was in great pain during the night, but obtained a little sleep after the hypodermic injection of morphia; slight tenderness over the left half of the abdomen; red flush round the wound; a small quantity of fæces and some mucus passed per anum during the night.

8th.—Passed a fair night; had some sleep after the hypodermic injection of morphia; skin round anterior and lower surface of wound is pink; deep fluctuation made out; on introducing a director beneath it, a few drachms of pus were squeezed out.

11th.—A small enema was administered per anum to dislodge a bolus of fæces which plugged the opening; this had the desired effect, and brought away through the wound several pellets.

13th.—The wound is closing fast by granulation. The mucous membrane of the bowel has retracted much. The bowel is still full of hardened fæces; for its clearance a dose of castor oil and a simple enema were ordered.

16th.—Complains of fulness in the course of the transverse colon. The castor oil was repeated, and was followed by copious evacuations, which relieved the distension.

17th.—Excepting at the colon, the mucous membrane of which now closely approaches the skin, the wound has granulated and nearly closed.

24th.—Has been up daily and in the garden since the

20th; cicatrisation complete; passes motions in small quantities frequently and with ease; a small quantity of pus still comes away from the anus, as well as mucus, which he thinks is diminishing.

SYPHILITIC SORE ON THE FEMALE NIPPLE.

(Under the care of Mr. ANDREW CLARK.)

M. A. S——, aged thirty-two, came as an out-patient to Mr. Clark in November last, with a sore, which had all the appearance of a chancre, on the left nipple. There was also an enlarged and tender gland in the axilla. The patient had always been a healthy woman, and her husband also was quite healthy; she remembered, however, putting a neighbour's child with a sore on its mouth to her breast about four months before, and, according to her own account, the sore formed two or three months afterwards. She was ordered to take perchloride of mercury, and to have black-wash applied to the chancre. In three weeks she was quite well, and ceased attending the hospital of her own accord.

On Dec. 31st she again attended, when she had a well-marked syphilitic rash and the signs of secondary syphilis. She was again put under syphilitic treatment, and rapidly improved.

ROYAL FREE HOSPITAL.

LIGATURE OF THE EXTERNAL ILIAC ARTERY FOR ANEURISM OF THE FEMORAL.

(Under the care of Mr. JOHN D. HILL.)

MR. HILL, on the 23rd ult., tied the external iliac artery for aneurism of the femoral, situated just below Poupart's ligament. The operation is so far successful. A few minutes after the operation, the temperature of the limb fell to 89° F. in the popliteal space, that of the axilla being 97° F. In eight hours the temperature had regained its normal standard. The patient is progressing favourably. A full report of this case will appear at some future time.

SUBCUTANEOUS OSTEOTOMY OF RADIUS FOR MALPOSITION AFTER FRACTURE; CURE.

Mr. Hill also exhibited a patient in whom he had performed subcutaneous osteotomy of the shaft of the radius three months previously. It appears that some years ago the bone had been fractured, but the fragments had united in a false position, the upper part of the bone being supine, but the lower part prone. The patient was, moreover, the subject of rickets. The operation was rendered more than ordinarily difficult through the eburnation of the bone. Union of the fragments has now taken place in such a manner that supination and pronation of the forearm can readily be performed.

SUNDERLAND INFIRMARY.

WE are indebted to Mr. Hopgood for the notes of the following cases:—

FRACTURE OF THE PATELLA TREATED BY MALGAIGNE'S HOOKS.

(Under the care of Mr. MORGAN.)

Michael F——, aged twenty-six, was admitted into the infirmary on Feb. 7th, 1872, suffering from fracture of the patella. There was great swelling about the knee shortly after admission. A back splint was applied, and the fragments of the patella brought as closely together as possible by means of a bandage applied in the form of a figure of 8, and an evaporating lotion kept constantly to it.

Feb. 21st.—Swelling nearly all gone. Malgaigne's hooks applied, and the fragments brought nearly together.

23rd.—Fragments brought together.

March 2nd.—Has had no pain until to-day. The hooks to be left in, although there is a little inflammation round each point. Back splint to remain on.

3rd.—Small points of suppuration at the entrance of the hooks. To have poultice applied.

9th.—Hooks removed. Fragments close together, but there is not bony union. To be kept on back splint.

12th.—Back splint removed and starch bandage applied. Allowed to get up.

18th.—Starch bandage removed a short time every day, and knee slightly bent. Can get about very well.

30th.—Discharged cured. Allowed to walk out without starch bandage.

This case was much more satisfactory than it at first promised, the swelling being so great that the fragments could not be brought together; and the only reason why the union should not have been bony seems due to the time between the accident and the application of the hooks.

CONCUSSION OF THE BRAIN, FOLLOWED BY GIDDINESS AND EPILEPTIC FITS.

(Under the care of Mr. MORGAN.)

W. C—— was admitted into the infirmary suffering from concussion of the brain, due to the falling of a large piece of wood from one of the coal-drops, which struck him on the back of the head and rendered him insensible, in which state he remained for twelve hours. There was no wound to the scalp, and no sign of depression.

Nov. 18th.—Complains of headache, and is unable to stand on account of feeling giddy. To take an ounce of white mixture every morning.

25th.—Says that when he is in bed all things seem to go round with him.

28th.—Feels giddy; but he can now put on his own boots.

Dec. 3rd.—Is still dizzy, and cannot bear a hard hat on his head.

7th.—Can now walk about very well; but if he attempts to look up or put his tongue far out he becomes giddy. He left the hospital this day.

Feb. 4th.—Has continued to feel giddy at times; and once or twice he has had a fit—certainly once, for when holding a child he suddenly became unconscious, and dropped it, knowing nothing about what had happened. He became a dispensary patient on this date; and, upon questioning him, he said that on several occasions he found a fit coming on, and was obliged to fall down.

March 4th.—He has been taking bromide of potassium and belladonna; and under this treatment the fits have become less frequent, and he is now able to go to work.

This case seems to have been one of concussion, combined with some slight injury to the brain, and is interesting as an example of some of the injuries in railway accidents which give rise to symptoms which are often supposed to be feigned. In this case the man had no motive for shamming, and was only too anxious to go to work.

BRADFORD INFIRMARY.

CASE OF PRIMARY CANCER OF THE OMENTUM, MESENTERY, AND DIAPHRAGM.

(Under the care of Dr. NICOL.)

THE following notes have been furnished by Mr. Roberts, house-physician.

R. M——, aged sixty-three, labourer, admitted March 19th with great pain in the abdomen and ascites; very weak; looks cachectic.

No history was obtained as to cancer in the family. The illness ran the ordinary course of malignant cachexia, though the only physical sign was the feeling of a loose lump beneath the abdominal wall at the cæcum. He died on April 5th; total duration of illness being three months.

Post-mortem examination.—Except some appearance of cicatrices at the left pulmonary apex, and extensive adhesions of both lungs, nothing abnormal was found in the chest. The liver and spleen had their capsules rather white and thickened; kidneys about normal; pancreas, stomach, and bowels normal; but matting together the liver, diaphragm, stomach, spleen, pancreas, and large and small intestine, was a mass of hard cartilaginous-like matter, afterwards shown by the microscope to be cancer, infiltrated into the mesentery, omentum, and diaphragm, and giving them a very knotted appearance. A rope of this matter, adherent to the opening of the inguinal canal, explained the above physical sign. One lump, with similar structure, was found in the peritoneal wall. The cancer appeared to be strictly primary to the omentum, mesentery, and diaphragm.

HÔPITAL DE LA PITIÉ.

ON THE USE OF PLASTER SPLINTS IN REMEDYING DISPLACEMENTS IN FRACTURES IRREDUCIBLE BY OTHER MEANS.

(Under the care of Dr. LABBÉ.)

ALL surgeons know how difficult it is sometimes to remedy certain cases of oblique fracture of the lower third of the leg, in which the upper fragment projects under the surface. Various apparatus have accordingly been devised for the purpose of preventing this displacement. In France, Malgaigne in such cases used to employ his metallic point, which was fixed into the upper fragment so as to exert a certain degree of pressure, and prevent any fresh displacement. The fixing of the metallic point was attended with some inconvenience; besides, it is a special instrument and not easily procurable. We were therefore struck with the advantages afforded by an ingenious contrivance which we saw Dr. Labbé employ with success a short time ago in his wards at the Hôpital la Pitié.

The patient was a woman aged forty. Whilst in a state of intoxication she had been run over by a gig, and was at once conveyed to the hospital. Fracture of the lower third of the leg was found to have occurred, with very marked displacement of the upper fragment, which projected under the skin and threatened to tear through. A splint was immediately applied by one of the house-surgeons.

As the woman was labouring under delirium tremens, it was found necessary to use the strait-waistcoat, and strong doses of opium were administered. However, in consequence of the restlessness of the patient the upper fragment of the tibia projected more and more under the skin, so that it became necessary to use some means to prevent its issue through the surface. Accordingly the apparatus was modified, and a cushion placed under the heel, but to no effect, and there was imminent danger of the fragment lacerating the skin. It was at this time that Dr. Labbé first saw the case, and with the view of definitively remedying the displacement and preventing deformity, he applied a plaster splint in the following manner:—Reduction was first performed with the greatest care. As soon as this was completely effected the plaster splint was applied so as to cover the sole of the foot, the heel, and the whole of the posterior surface of the leg. The assistants were then requested to continue extension, counter-extension, and perfect apposition of the fragments, until the plaster had become hard. At the end of half an hour the apparatus was sufficiently solid. From that moment all anxiety about a breach of surface ceased, and notwithstanding the disorderly movements of the patient, which continued two days longer, consolidation took place so perfectly that it was quite impossible to make out the seat of the fracture.

Reviews and Notices of Books.

Twenty-sixth Report of the Commissioners in Lunacy to the Lord Chancellor. Ordered by the House of Commons to be printed July 4th, 1872.

THIS Blue-book contains little that is of general or of medical interest beyond the usual tables showing the total number of insane persons now under care, and the number of admissions, discharges, and deaths during the year 1871. In this respect, as in some other respects, it contrasts unfavourably with the Scotch Lunacy Blue-books, which are not only official records, but have a real scientific value.

The total number of insane persons under care on the 1st January, 1872, was 58,640, being an increase of 1885 during the year 1871. On the 1st January, 1862, the corresponding number was 41,129, so that there are now 17,511 more registered insane persons than there were ten years ago. The ratio of the total number of persons of unsound mind per 1000 to the population was, in 1862, 2·02; since then it has gradually increased year by year, and it is now 2·54. This increase has been mainly in patients of the pauper class, who are confined in county and borough asylums and in workhouses. Taken by itself, it would seem to indicate a decided increase in the production of insanity in the country; and when we consider how steadily the proportion has mounted up, and still mounts up, year by year, it is difficult to resist the conviction that more persons are going insane now, in proportion to the population, than in the last generation. However, the matter is in dispute among those who have given most attention to it; and it is certain that we must wait some years yet before we can estimate the amount of the increase which may be actually due to other causes than an increased production—namely, to such causes as a lower mortality and more careful registration. There can be no doubt that many persons are called insane and confined in county asylums now who would not have been confined or registered as insane in the last generation.

It does not appear from the tables in this Report that the power of curing insanity is at all on the increase. In the year 1871 the percentage of recoveries on the admissions—that is, on the new cases—was only 33·01, whereas in 1859 it was 35·12, which was itself a low proportion when compared with the percentage of recoveries under the old system, before asylums were made such comfortable institutions as they are now. For Dr. Thurnam, in his work on the "Statistics of Insanity," which was published in 1845, says that "a proportion of much less than forty per cent. of the admissions is, under ordinary circumstances, to be regarded as a low proportion, and one much exceeding forty-five per cent. as a high proportion." In the annual reports of asylums, which are commonly not wanting in self-gratulations, we have failed to observe any notice of this low percentage of recoveries, although it is a matter well deserving attention and calling for explanation. Excellent as are our asylums as institutions for the care of the insane, it would be comforting to know that they afford the best conditions of recovery for all the patients who are curable.

This Report contains the usual story of deficient accommodation for pauper lunatics. Old asylums are being enlarged, new asylums are being planned or built, and more asylums are required. Notwithstanding the experience of Scotland, the English Commissioners seem to contemplate no other provision for the insane than the increase of asylums, for they make no reference to the measures for relieving asylums which receive so much careful discussion in the reports of the Scotch Commissioners. This may perhaps be ascribed to the fact that half the English Commissioners are lawyers, who cannot be expected to have much scientific interest in their work, while the Scotch Commissioners are medical men of high scientific standing, who evince a deep interest in their work, and bring an originality of mind to bear on the problems with which they have to deal.

The condition of asylums, public and private, the Commissioners describe as, on the whole, satisfactory. They, however, urge the desirability of increasing the wages of attendants, so as, if possible, to secure a higher class of men and women for the laborious and anxious duties which they have to perform. There have been some fatal injuries and fatal accidents to patients during the year, but not more, we think, than may be fairly looked for among 58,640 insane patients, many of whom are suicidal, violent, dangerous, or completely helpless, and require by day and night the most anxious vigilance and attention. To guard completely against the possibility of accidents under such circumstances would demand more than human foresight and energy; and we think some of the comments which the Commissioners make on these unfortunate events betray a little of that wisdom which is wise after the event.

Intorno all' Onichia Maligna e al modo di Curarla. Memoria del Dott. T. VANZETTI. 8vo, pp. 120. Venezia. 1872.

THIS important monograph of Professor Vanzetti, of Padua, was read before the Venice Society of Science, Letters, and Arts, and is published in the Transactions of that Society. It is accompanied by eleven well-executed coloured lithographs illustrating the cases detailed by the author. The work reminds one of the former octavo editions of Hunter and others, which testified to the labours of authors and the liberality of publishers. Nor should we forget how important must be the Transactions of the Venice Society when we see an exclusively surgical communication allowed to occupy so much space. The historical part is most complete, and will be found extremely instructive; it testifies to the author's extensive reading in most of the languages of Europe. He finds that it is Mr. Wardrop who first regularly treated the subject in his "Account of some Diseases of the Toes and Fingers," in the Medico-Chirurgical Transactions, vol. v., 1814. Malignant onychia, according to the author, is always either scrofulous or syphilitic, and he discusses at some length the propriety of removing the nail. This operation is disapproved of, and the monograph is clinically intended to show that lightly detaching the epidermis from the matrix, and powdering the latter several days with nitrate of lead, is a sovereign remedy. This method was first recommended by Dr. de Moerloose, of Ghent, and Professor Vanzetti gives him full and enthusiastic credit for the discovery, regretting that modern works on surgery completely ignore the existence of this powerful remedy.

This monograph will be read with great interest by all surgeons who can manage a little Italian.

DR. CHARCOT ON OVARIAN HYPERÆSTHESIA.

(*Continued from page* 122.)

DEEP exploration of this situation enables us easily to make out the portion of the superior ridge which describes a curve with internal concavity; this serves as a starting-point. Towards the central part of this hard ridge the hand will more frequently meet an ovoid body stretching transversely, and which, when pressed upon the osseous surface, slips away from under the fingers. When this body is tumefied, as frequently occurs, it may apparently present the size of an olive or of a small egg, but with some experience its presence may be easily detected even when its size is much smaller.

It is especially at this moment of exploration that pain is produced, and that it reveals itself with, so to say, a *specific* character. It is not an ordinary pain, but a complex sensation accompanied with part or all of the phenomena of *aura hysterica*, such as spontaneously manifest themselves on the approach of the fits; and when the sensation is produced, the patients recognise it as one they have experienced a hundred times before.

To sum up, gentlemen, we have just circumscribed the starting-point of the *aura*, and at the same time we have excited painful radiations towards the epigastrium (first *knot* of the aura, to use Dr. Piorry's language), complicated sometimes with nausea and vomiting; and then, if pressure has been continued, palpitation with extreme frequency of pulse soon occurs; and lastly, the sensation of globus hystericus is developed in the neck (second *knot* of the *aura*).

Here concludes, among authors, the description of the ascending radiations which constitute aura hysterica. But from what I have personally observed, the above enumeration, limited, as I have stated, is incomplete, for an attentive analysis of cases permits us to recognise in the greater number of instances various cephalic disorders which are obviously the continuation of the same series of phenomena. Such are, for instance, when the left ovary is compressed, intense wheezing noises of the left ear, which the patients compare to the shrill noise produced by the railway-whistle, or a sensation of hammer-beats on the left temporal region; also loss of vision, especially noted in the left eye. The same phenomena would be observed in the corresponding portions of the right side if the exploration had been carried on in the right ovary.

The analysis cannot be pushed on any further, for when things have come to this the patients' consciousness is profoundly affected, and amidst their confusion of mind the hysterical sufferers have no longer the power to describe what they feel. Besides, the convulsive attack would soon break out if the investigation were insisted upon.

If we except the phenomena which belong to the last stage of aura hysterica (namely the cephalic phenomena), I have just recalled to your mind the entire series of phenomena obtained in Schutzenberger's experiments, and we are thus led to recognise, with that eminent observer, that pressure of the side in the ovarian situation only reproduces artificially the same series of phenomena which is spontaneously developed in hysterical subjects in the ordinary course of things.

I do not forget that, according to M. Briquet, the aura hysterica makes its appearance in the immense majority of cases with the epigastric knot, and that in support of this assertion the author quotes an imposing amount of figures. But we must not always bow our heads under an array of figures, and we have a right to ask whether M. Briquet, who has shown a certain amount of severity to ovarists, has not in turn unwittingly neglected to include the initial iliac pain amongst the series of the phenomena of aura.

If I am to judge from my own observations, the iliac point always precedes in date, however slight the difference may be, the epigastric point in the development of aura, and therefore constitutes the first link in the chain.

5. It remains for me to point out, gentlemen, that the particular spot where resides the iliac pain of hysteric sufferers, corresponds exactly with the seat of the ovary, and thus I shall have shown it to be probable, if I have not absolutely demonstrated, that the oval body from which proceed the radiations of aura hysterica, whether spontaneous or excited, is really the ovary itself.

Generally, I believe, there exists only a very imperfect idea of the precise situation which the ovary occupies during life. When the abdomen is laid open and the bowels raised, we discover in the smaller pelvis behind the uterus and in front of the rectum the appendages of the womb, flabby, faded, and as if shrivelled. Obviously this condition is not that which obtains during life; it is quite clear that after death the arterial plexuses of the tubes and ovaries, the richness and the erectile properties of which have been so manifestly brought to light by my friend, Dr. Rouget, of Montpellier, have long ceased to play their part. On the other hand, we must not forget that the opening of bodies very certainly alters the true relations of the annexes of the womb. This is so true that in frozen bodies* the ovary occupies a higher situation, one answering in a certain degree to that which it occupies in the new-born child. On this section which I now show you, and which is borrowed from M. Legendre's atlas (a section made perpendicularly to the great axis of the body of a woman of twenty years, supposed to be lying horizontally, and which passes at about two centimetres above the pubes), you see one of the ovaries cut in two, whilst the other has remained above the surface of section. It would appear, therefore, that in the adult female the ovary is situated on a level with, and even a little above, the superior ridge, advancing with the Fallopian tubes towards the iliac fossæ. This result coincides in every respect with that which is afforded when palpation is practised on the living body. I may add that when the dead body is laid on the dissecting table, if you run a long needle backwards and downwards into the situation corresponding with that to which hysterical patients point as the seat of their pain, the chances are, as I have often stated, that you will transfix the ovary.

The situation of the ovary seems to have been recognised by Dr. Chéreau in his excellent researches on the Diseases of the Ovary (Paris, 1844), in which he states

* E. G. Legendre. Anatomie Chirurgicale Homolographique, &c. Fig. x. Paris. 1818.

that in women whose abdominal parietes do not present too great a degree of resistance it is possible to make out the tumefaction, or, indeed, the sensibility of the ovary. According to the same writer, the introduction of the finger into the rectum constitutes a better means of exploration only in cases where the walls of the abdomen present abnormal rigidity.

To sum up, gentlemen, and after all the explanation which I have given, I think I am safe in concluding that it is really to the ovary, and to the ovary alone, that we must attach the fixed iliac pain of hysterical subjects. It may be true that in certain periods, and in intense cases, the pain, through some mechanism which it is not for me now to explain, extends to the muscles, and even to the surface, thus meeting the description given by Dr. Briquet. But I cannot too often repeat that thus confined to external phenomena the description is incomplete, and the true source of pain remains undiscovered.

It now remains for us to ascertain what is the anatomical condition of the ovary in those cases where it becomes the seat of the iliac pain in hysteria. Upon this head, and in the present state of science, I can, unfortunately, tender you only very vague information. Sometimes there exists more or less marked tumefaction of the organ, as in the case of blennorrhagic ovaritis recorded by M. Schutzenberger. But that is rather an exceptional circumstance, and it behoves us to remark that ordinary inflammation of the ovary may exist with all its characters without the radiations which I have above mentioned occurring either spontaneously or under the influence of exciting causes. M. Briquet has not neglected to bring out this circumstance, and, as regards this point, he was perfectly justified in doing so. We must therefore acknowledge that *all ovarian inflammations* are not indistinctly capable of developing the aura hysterica. In some hysteric patients the swelling of the ovary is sometimes entirely absent, in other cases it is not very marked, and it is quite probable that the tumefaction which exists in such instances is the result of vascular turgescence, similar to that which occurs as the consequence of certain neuralgiæ. Morbid anatomy has not, until now, afforded us any positive data in respect of this. We may therefore, for the time being, indifferently designate this state of the ovary by the names of hyperkinesia (Vividiaur), of ovaralgia (Schutzenberger), or ovaria (Négrier); for a name, after all, is of scarcely any importance when the fact itself has been well stated.

6. If the ovary is accepted as being the starting point of the aura hysterica, at least in a certain group of cases, it is now of some interest to show that an important, and, in some way an intimate, relation exists between the ovarian pain and the other phenomena of local hysteria.

And, indeed, you can recognise, gentlemen, in the patients whom I now show you a remarkable concordance between the seat of the iliac pain and the localisation of the concomitant symptoms. I will not return to the brain phenomena of the aura, which, as I observed just now, are noted on the same side as the ovarian pain. I will content myself with pointing out that hemianæsthesia, paresia, and contraction occupy the left side when ovaralgia is seated to the left, and just the reverse when the pain is to the right. You must also remark that when the ovarian pain shows itself on both sides at the same time, the other phenomena are bilateral, predominating, however, on that side where the iliac pain is more intense.

On several occasions it has been given us to witness in some of our patients a sudden change of the seat of ovarian pain, as, amongst others, in the case of the patient Leroux. Now when in this patient the ovarian hyperkinesia came to predominate on the left side, the brain symptoms of the aura, contraction of limbs, &c., offered temporarily their greatest degree of development on the same side, whilst they predominated on the right side when the right ovary became in turn the more painful.

We must not forget that ovaralgia appears to be a constant phenomenon, an eminently permanent one, in the form of hysteria which we are now investigating, so that when combined with some other sign of the same category it may serve as a useful guide to diagnosis in difficult cases.

(To be concluded.)

SANTIAGO is reported to be suffering severely from small-pox.

ROYAL VICTORIA HOSPITAL, NETLEY.

THE session at the Army Medical School has just terminated, and we may expect that the Professors and candidates will imitate the example of the West-enders of this big city, by dispersing in various directions. Professor Maclean, when finishing his course of lectures at the end of the session, addressed a few words to the candidates of the British, Indian, and Naval services, the substance of which has been reported to us by one present on the occasion.

The Professor said:—"And now, gentlemen, my watch admonishes me that, if I have not finished my subject, I have expended the time allotted to me. We have now gone over the most important diseases of the tropics, those certainly which are the chief agents in causing the mortality and invaliding in India. If more time had been at my disposal I might have done more justice to my subject, to myself, and to you. But what is said, is said. I rarely conclude my course without expressing a hope that none of you who are about to seek an honourable career in India will go there under the disheartening impression that you must needs experience, in your own persons, the diseases we have for the last four months been discussing. You must have followed me to little purpose if you have failed to note in how large a degree our own vices, follies, and want of common discretion work to bring about, in many cases, and to aggravate in all, the diseases of hot climates. I have always noted that in India busy people are healthy people, provided they are not, as is sometimes the case, overborne by too much work and too heavy a load of responsibility. Among officers certainly the rule is that the idle, the dissolute, the billiard-room 'loafers,' the brandy-and-water sippers, for the most part encumber the sick-list. It is well to have two strings to your bow, to take up some other science to occupy in a profitable manner the time you can spare from your professional pursuits, or even to cultivate some refining accomplishment for the same purpose. In one word, useful occupation is a great safeguard all the world over against idleness and the vicious habits that often go hand in hand with it.

"And here let me say to gentlemen about to go to India that I hope in your intercourse with the various races with whom you will there be brought into intimate relations, you will, as becomes educated and Christian gentlemen, set a noble example to others. I do not insult you by asking you merely to abstain from treating them with that brutal contumely too common, I am sorry to say, among our countrymen in the East, but to cultivate their language, to treat them with courtesy and consideration, and with all the necessary allowances needful when dealing with men who are aliens in race and religion, and yet the subjects of the same Queen. Many years of my own life were spent at a great political residency, which brought me into intimate contact with princes, noblemen, and people of all ranks, mostly of the Mahomedan faith; and it is not the least agreeable of my many pleasant recollections of India that I not only enjoyed their confidence and friendship, but have the assurance that, although I may never see any of them more, I know I live in their friendly remembrance. I hope this may be your happy experience.

"Addressing myself to the gentlemen of all three services before me, let me say that, although you are now about to separate, I hope you will always preserve a warm recollection of the fact that at Netley you sat on the same benches, pursued the same studies, were members of the same mess, and took part in the same manly sports. I hope you will indulge in no paltry service jealousies, which, everywhere and always mischievous, are peculiarly unbecoming in a body of men devoted to the service of our profession, our Royal Mistress, and our common country.

"And now, gentlemen, it only remains for me to wish you all health, that best of God's gifts, the value of which, alas! is too often only appreciated when lost to us for ever; happiness, such as follows from the sense of duty well done, and that honour and estimation, which, spite of all said to the contrary, sooner or later is bestowed on those who do well, and, so far at least as this course is concerned, to bid you all farewell."

THE LANCET.

LONDON: SATURDAY, AUGUST 3, 1872.

THE meeting of the College of Physicians on the 25th ult. gave an additional touch to the picture of discord presented by the discussion respecting the principles on which a conjoint medical examination scheme might be established. We have never affected much confidence in the probability of such a scheme being carried out, even for England, by the corporations themselves; because it seemed plain that, unless the sister kingdoms should agree to schemes identical in principle and not seriously different in detail, the English arrangements could never work successfully; while, in view of the inevitable clash of interests of the corporate bodies, such an agreement seemed at least highly improbable. The recent course of events has proved that these fears were well grounded. Scotland, by the mouth of her Branch Council, has finally put aside a conjoint scheme as impracticable; and in Ireland the resistance of the Queen's University apparently opposes an equally insurmountable obstacle to such a measure. Still, we would have loyally supported, for England, the only kind of examination reform for which medical opinion appeared ripe, were it not for the manner in which the question has been dealt with by the reactionary party in the College of Physicians.

Our readers are already aware that the Conjoint Committee of the Colleges of Physicians and Surgeons, after preparing a "Scheme" for a system of conjoint examinations, proceeded, further, to draw up a paper of "recommendations" for the guidance of the "Committee of Reference," which was to be the executive body under the new system. The Scheme itself was not without its faults—a grave one being that the nomination of the members of the Committee of Reference who were to represent the respective medical corporations and universities was to proceed, not from the general bodies, but from the councils or other governing bodies of such corporations or universities. Still, it was hoped that this would not do much practical harm, since the Scheme narrowly limited the functions of the Committee of Reference to certain executive duties, and gave it no voice at all in the decision of matters of principle. But, as we have already related,* to the astonishment of those persons who were not behind the scenes, the paper of recommendations was found to be wholly inconsistent with the principles of the Scheme; it dealt with the Committee of Reference as by no means a merely executive body, but as invested with deliberative powers of which the Scheme gave no hint; it assumed that the Committee of Reference was to possess the power of the purse, the decision as to the nature of the subjects on which candidates were to be examined, the power of decision as to what places of education were worthy of being allowed to certify students for examination—in short, the most perfectly autocratic powers, over which it would be impossible for the general bodies of the colleges and universities to exercise the slightest check. We described the consternation of the Liberal party among the Fellows of the College of Physicians when this paper was laid upon the table of the College; and their indignation when they were informed by the President and the Censors that (in accordance with the words "private and confidential" printed on the document) these recommendations could not be discussed by the Fellows at all, until they had been considered and turned into practical shape as a completed scheme by the Committee of Reference, which, by the way, had been elected in very improper haste. It was impossible not to feel that this was very unfair; and this feeling was strengthened by the fact that Dr. QUAIN, a member of the Conjoint Committee, and who had vainly striven to modify the obnoxious character of these recommendations, was the foremost to denounce them to the College, and to insist that the Fellows ought to be allowed to discuss them fully at an early opportunity, and pronounce an opinion on the principles which they laid down. For the moment, however, the dictation of the President bore down all before it, and the Comitia adjourned* without a word of discussion on the recommendations. Dr. QUAIN, nevertheless, was determined not to acquiesce in this suppression of the subject, and accordingly gave notice of a motion affirming that the recommendations ought to be discussed in open College, which motion came on at the Comitia of July 25th. There was a full meeting, and it was evident that the conservative party had assembled in force. Moreover, such an immense time was consumed in electing Fellows and officers of the College, and in other matters (some of them quite trivial), that it was not till nearly half-past seven o'clock that Dr. QUAIN could bring his motion on, before which time several of the liberal Fellows had gone away in sheer weariness and disgust. Dr. QUAIN naturally wished to postpone his motion to another meeting; but the official party would not consent to this proposal. Accordingly Dr. QUAIN proceeded, and in a speech of considerable vigour exposed the flagrant inconsistency of the recommendations with the original Scheme, and the dangerous powers with which they armed the Committee of Reference. Dr. PAVY, seconded him, and cast well-deserved ridicule on the proposed regulations as to the examinations in Physiology, the barbarous character of which has already been pointed out in THE LANCET. Dr. BEALE followed with an energetic protest against these same arrangements respecting Physiology. Dr. ANSTIE insisted that the Fellows ought not to allow the recommendations to proceed a single step towards crystallisation into a completed scheme, but should pronounce an opinion on them at once. Then came the turn of the conservatives. Dr. PITMAN and Dr. RISDON BENNETT successively rose, and declared that it was all a misrepresentation; that the recommendations were no official document, but only the private thoughts of private men; that it would never do to discuss them, because the universities had never seen them, and therefore the Fellows would be committing an act of discourtesy to the universities! This seemed so very absurd—in view of the

* See THE LANCET, June 8th, 1872, p. 799.

* May 31st.

fact that the recommendations had already been discussed, unofficially in the journals and officially by the Council of the College of Surgeons (*which body formally objected to two or three very important clauses*)—that Dr. QUAIN'S motion would probably have been carried if a division had been taken at once. But now the trump cards were played. Dr. ACLAND and Dr. PAGET, as representatives of Oxford and of Cambridge Universities, had probably been summoned to the rescue of the Council party, under a vague belief that, as university men, they would be likely to support conservative views in general. The result was highly comic, however much it is to be regretted. The two Professors did, indeed, go so far as formally to support Dr. PITMAN'S amendment; and to this fact it was unquestionably due that the latter was carried, though only by three votes (20 to 17). But instead of cursing the liberal party, lo! they blessed it altogether. Dr. PAGET, in particular, was as emphatic as Dr. QUAIN could have desired him to be in exposing the inconsistency of the recommendations with the original Scheme; and Dr. ACLAND made an ominous reference to the possible opinions of his colleague, Dr. ROLLESTON, which called up in the mind a ludicrous image of the worthy Professor's probable amazement and wrath when he reads that precious recommendation to chop up Physiology into equal portions of Microscopic Anatomy and Chemistry!

In short, the general result is, that the official party in the College have technically carried their point, but that the recommendations are irretrievably damned. The last is an unmixed benefit; but the history of the whole transaction is deplorable, and suggests most uncomfortable misgivings as to the possibility of obtaining a true reform of medical qualifications from any combined action of the existing authorities.

THE Managers of the Metropolitan Asylums District have issued a report touching the 14,808 cases of small-pox treated in their hospitals. We must not be too critical of the account which they have given of their stewardship with regard to an epidemic which came upon them with great and unexpected severity. We must be satisfied if we can extract from it the great lessons of the epidemic in such a way as to enable us to cope better with any future outbreak of small-pox. Of course, the great lesson of the epidemic taught by the present report of the managers, and by every similar report from every part of the kingdom, is this—that the occurrence of small-pox in an epidemic form is perfectly avoidable, and that the disease can be stamped out by the simplest and most innocent operation. But this lesson will not be received. It is too simple, and human nature is not wise and grateful enough yet for the reception of such a boon as is involved in vaccination. On a sanguine view, it will take ten or twenty years yet of the School Board work before the mass of the people are intelligent enough to take the trouble to use vaccination and the public provisions for its performance as they need to be used before we can reckon upon immunity from such epidemics as that which is just coming to an end.

The Report before us was drawn up by a Committee of Managers appointed by the general body to collate and report upon the returns from the several hospitals in the Metropolitan Asylums District with regard to the cases of small-pox treated in them from the time of their opening to the 30th of April, 1872. It consists essentially of four tables, two of which, it should be observed, do not represent the facts of all the hospitals, but only those reported from the Hampstead and Stockwell Small-pox Hospitals and from the Homerton Fever and Stockwell Small-pox Hospitals respectively. It is to be regretted that such important points as the number and character of the vaccination marks should not have been reported on in all the cases and all the hospitals under the jurisdiction of the managers. Instead of having the facts as regards the *number* of the vaccination marks in the whole 14,808 cases treated in the hospitals, we have them only in respect of 5539 cases treated in the Hampstead and Stockwell Small-pox Hospitals; and instead of having the facts as to the *character* of the marks in the 14,808 cases, we have them only in regard to 3085 cases treated in the Homerton Fever and Stockwell Small-pox Hospitals. Moreover, it would have been more satisfactory if the Committee had informed us with what amount of care and experience the character and number of the vaccination marks were studied in the different hospitals. Those who have had most experience will admit that it is not always easy for the most practised observer to satisfy himself how a patient in the eruptive stage of small-pox has been vaccinated, or even, in regard to a large number of cases, whether he has been vaccinated or not. Apart from these points, the tables do not impress us with the sense of clearness or accuracy; and the Committee have not been very fortunate in their exposition of them. They say too much, and there are needless repetitions of the same thing.

If we might rely on the figures representing the mortality of the sexes at different ages, some of them are very striking indeed. It is well known as a general fact that the liability to death at all ages is greater in the male than in the female; so that, although there is a steadily larger number of males born than females, there is always a larger number of females living. In small-pox the difference at most ages is greatly in favour of the female. Thus, among the unvaccinated between five and ten years of age, 45·76 per cent. of the males die, and only 38·12 per cent. of the females; between twenty and thirty, 55·41 per cent. of the males die, and only 37·42 of the females; between thirty and forty, 57 per cent. of males, and only 34 per cent. of females; between forty and fifty, 53·73 per cent. of males, and 32·14 of females. Between the ages of fifty and sixty there is a remarkable reversal of the mortality, as far as the sexes are concerned; the mortality of males being 30·43 per cent., and that of females 75·00. In the next decade, however, the ordinary law holds; and the mortality of the sexes is, respectively, 22·22 per cent. and 25·00. The Committee refer to Dr. GRIEVE as accounting for this greater mortality of males on the theory of greater wear and tear, more irregular habits, and occupation; but the explanation is neither original nor adequate, as the difference obtains at ages and under conditions in which it does not apply. The difference of the mortality of the sexes in vaccinated cases is very slight;

but it is in favour of the female by about one per cent. The difference in the mortality of the sexes, unvaccinated, is simply startling, and makes us more and more regret that we cannot be quite sure of the accuracy with which the observations touching the vaccination of the patients were made. Nothing analogous to this difference occurs in typhus or any other disease, eruptive or otherwise.

Notwithstanding our remarks on the imperfection of the tables in reference to the bearing of vaccination and the amount of it on the mortality of small-pox patients, we must not omit to notice the striking confirmation afforded by them of the fact of the wonderful difference of the mortality of vaccinated and unvaccinated persons, and of slightly vaccinated and well vaccinated persons. The mortality of those with no marks of vaccination was 55·9 per cent.; the mortality of those with five marks or more was 5·5 per cent., and there was every intermediate grade. Thus those with one mark died at the rate of 15·2 per cent.; those with two marks, 11·7; those with three marks, 9·4; those with four, at 6·5 per cent.; and those with five, as we have said, at the rate of 5·5 per cent. So with regard to the character of the vaccination marks. In 3085 cases in which this point was noticed, the results were as follows: In those with no marks, 47·5 per cent. died; those with one bad or indifferent mark, 25·0 per cent.; with one good mark, 5·3; with two good marks, 4·1; with three good marks, 2·3; with four good marks, 1·1. In the light of such figures it seems almost immoral to vaccinate slightly or imperfectly; for by so doing we greatly increase the risk of our patient taking small-pox, and of his dying after he has taken it.

The value of revaccination has been illustrated *ad nauseam*. It is proved again here. For the Committee says that, of the 14,808 cases received into their hospitals, only four well-authenticated cases were treated in which revaccination had been properly performed; and these were light attacks. No servants or nurses took the disease but those whose revaccination was neglected in the pressure of the epidemic. One nurse was not revaccinated because she had previously had small-pox. She had a second attack of the disease.

The cost to the ratepayer of small-pox is very imperfectly brought out in this report, though it should have been a principal point. There is a want of data. The statement that the average cost per patient for maintenance has been 1*s.* 4¾*d.* per day, is very unsatisfactory. In the Stockwell report the daily cost per head for maintenance and clothing of patients was said to be at first 2*s.* 2¼*d.*; for maintenance and salary of officers, 2*s.* 1*d.*: making in all 4*s.* 3¼*d.* This was afterwards reduced to 2*s.* 0¼*d.* a day. Paupers sent to the London Fever Hospital used to cost it 2*s.* 4*d.* a day. And the Hampstead Hospital used to charge 3*s.* a day for the accommodation of fever patients in their temporary hospital. We should like to know, therefore, the full cost of each patient, including the maintenance and salaries of officers, the working expenses, rates, &c.—points which are all conspicuous by their absence in this report. We shall still hope to have the cost stated very explicitly by the managers. It may prove more efficient as an argument with some people than the facts touching vaccination.

WITH a joy far excelling that of Ithaca at the return of its king, England, and indeed the whole civilised world, have hailed the tidings of the safety of Dr. LIVINGSTONE. The ULYSSES of the nineteenth century has been found, and found under auspices which greatly enhance the pleasure of the finding. At a time when the two great branches of the Anglo-Saxon race are jealously regarding the issue of a dispute which threatened more than once to make them enemies, the younger has done a service to the older, which comes opportunely to remind them both of the mightier interests they have in common than national pride or maritime supremacy. Mr. STANLEY, the emissary of the *New York Herald*, has succeeded in doing single-handed what the search expedition with all its appointments and resources collectively might, possibly, not have done. He has found Dr. LIVINGSTONE, and has earned the admiration and gratitude of all civilisation in being the bearer of news and the deliverer of documents compared with which the narrative of ULYSSES at the court of ALCINOÜS is tedious in tenour and in interest poor.

So hale and hearty and high-spirited was the great missionary explorer when last seen in February, so brilliant were his achievements in the retrospect, so dazzling his programme for the future, that we, in common with some of our contemporaries, are half inclined to recant the oft-repeated wish that he would once for all return and leave the continuance and completion of his explorations to younger hands.

"Servetur ad imum
Qualis ab incepto processerit et sibi constet,"

and let him, and him alone, have the glory of "crowning the edifice" of an enterprise as noble as any the world has ever seen. The results of his explorations, overwhelming in interest and importance as they are, fraught with the most momentous issues to science, to civilisation, and to humanity, do not exhaust the complement of his claim to honour. In times like these, when "the world is too much with us," when, "getting and spending, we lay waste our powers," his example is peculiarly precious, teaching as it does, with an impressiveness far superior to the studied homily or the academic *éloge*, the lesson of lofty purpose carried out with spotless integrity and beautiful self-abnegation. Amidst our vulgarly ambitious, self-seeking contemporary life, he stands almost as much alone as when surrounded by the inarticulate mystery of unknown Africa.

We may leave the scientific fancy to revel in the anticipation of the *spolia opima* with which his labours will be crowned. The restless spirit of modern speculation may easily be left to satisfy itself as to the vast treasures, mineral, vegetable, and animal, which his discoveries will have disclosed. Even professional predilection may suspend its curiosity for a while, and postpone till another season the consideration of those accessions to its knowledge, of those additions to its armoury, in which the regions he has explored are so prolific. Nay, the grand mystery itself which he is on the verge of solving sinks into insignificance beside the yet nobler achievement of which he is the pioneer and, may be, the consummator. The horrible slave traffic of which he has sent us so vivid an account—a traffic which he justly describes as bad for the victims and worse

for the victimisers—opens up a new sphere for philanthropy which the world will find its reward in fulfilling. That worst of all forms of "man's inhumanity to man" which it is the glory of the Anglo-Saxon race to have taken the lead in suppressing, still remains as the outstanding wrong for the two branches of that race to right. While the missionary explorer from Great Britain was the first to indicate the evil and to suggest the antidote, it was appropriate that his follower from America—herself so lately emerged from the abolitionist struggle—should be the first to impress the fact, and the duty it imposed, on the world. In this enterprise let the international dispute, now on its way to settlement, be ultimately reconciled; and let the claims, "direct" and "indirect," of fellow-men in Central Africa enlist the sympathies and support of America and England.

One, and but one, element of bitterness rises *medio de fonte* of the general joy. The relations between Dr. LIVINGSTONE and his brother-physician, the acting consul at Zanzibar, Dr. KIRK, are not at present amicable. The traveller blames the consul for neglect in sending supplies or in sufficiently providing for their safe delivery. The accusation, we have little doubt, springs from a false impression. "Tout comprendre," as Madame DE STAEL says, "ce serait tout pardonner." Already vindications of Dr. KIRK have appeared from several quarters, one of the most effective being from Dr. LIVINGSTONE'S own son. When all the facts are made known, the blamelessness of Dr. KIRK—nay, his affectionate solicitude for the Doctor's welfare—will be acknowledged by none more heartily than by the Doctor himself. Much allowance will be made for both parties: for the lonely traveller, remote from all information or means of communicating with head-quarters; for the consul, doomed perpetually to see the supplies so carefully collected and despatched drift from their proper channel into alien or hostile ones. But all differences will be at once forgiven and forgotten when the return of Dr. LIVINGSTONE shall not only have made mutual explanations possible, but will have dwarfed by the magnitude of its trophies and dimmed by the splendour of its revelations every other emotion but those of congratulation and thanksgiving.

IT is scarcely surprising that the sanitary doctrinaires should be considerably annoyed by the sorry figure they have made in Parliament. In their eagerness after visionary perfection they spared no denunciation of the supporters of the Government Bill; and despairing of materially altering its terms, they were ready to maintain the present confusion of local authority, which is, in fact, the chief obstruction to sanitary reform. Nor do they now fail in excuses. No allowance whatever is made for that force of public opinion formed under a sense of a great pending calamity, and which is the legitimate antecedent of parliamentary action. No credit is given to the Government for their persistence in carrying a genuine instalment of sanitary law; nor to Mr. DISRAELI for his disinterested assistance. Even Sir CHARLES ADDERLEY and Mr. POWELL are falsely charged with ignoring their own report. That anything should pass is said to be due to the consent of parties who thoroughly disapprove of their own work, and to the instincts of a Parliament too idle to study details and too apathetic to care whether the new authorities were likely to do their work satisfactorily or not. Now, in the name of common sense, we protest against such a ridiculous explanation. There is in all this a complete misconception of the political aspects of the case. These disappointed gentlemen seem to suppose that we have nothing to do but adopt their system of State Medicine, and lo! the health of the country will at once be raised. Enact this State Church of health, make sanitary bishops by the score, and landlords and housowners will be converted from their selfish but unwholesome ways, and will be forced to spend their money freely on every new-fangled scheme these said bishops may devise. The Bill of the Government, on the contrary, starts from a different point of view. It lays a distinct duty upon an authority chosen by the people. It is satisfied with a less dignified machinery. It trusts sanitary improvement to the gradual formation of the same public opinion which influences all sound social and political advancement. It believes that, if slower in its course, such advancement is less beset by crotchets and mistakes than if it proceeded from the most learned sanitarians of the day; and it is in accordance with the whole theory of our constitutional proceedings that we should legislate upon the widest possible basis. No real statesman could believe in the perfection of any possible sanitary authority, and no English statesman would dare to introduce anything like central compulsion. It is because both sides of the House acknowledge these general principles that they have united in supporting Mr. STANSFELD'S Bill. The board of guardians is not a perfectly satisfactory authority now, but there is no reason why it should not improve and eventually become so; whilst it has this great advantage, that it is closely dependent on the state of public opinion, and may be superseded if it neglect its obvious duty.

We believe it quite premature to say what the medical arrangements will ultimately be. A good deal will depend on the competence and tact of the medical men who are chosen—more still, perhaps, on the manner in which the arrangements are introduced by the agents of the Local Government Board. There ought to be a considerable augmentation of the inspectorial staff, and it will not be easy to find a sufficiency of men who are qualified for this difficult and important post. It is a genuine misfortune that so many sanitary reformers, who might have done good service, should have put themselves out of court by their energetic opposition to the Government scheme. However, Mr. STANSFELD may yet find inspectors in the military and naval services, and some also in civil practice, who are well able to assist him in placing the medical staff on a sound and progressive footing. We hope he will succeed in doing so, and thus disappoint those who so persistently prognosticate a failure.

"CAN a regular practitioner, either in a medical or surgical case, properly meet, *for the purpose of diagnosis*, a legally qualified man practising homœopathy?" Such is the question propounded by a correspondent—Dr. CORDWENT, of Taunton,—and to which he requests an editorial answer. The question is one which is worthy of consideration. Every

right-minded medical man must wish to reduce to a minimum the differences which hinder professional intercourse between the members of a liberal profession, or which raise up barriers that the public cannot understand nor sympathise with. The latter point is one of great importance. Disease is to the public a purely terrible thing. They have no interest in studying it and watching its natural history, or in differentiating one complaint from another which it very much resembles. Their only notion about disease is to get rid of it as soon as possible; and they cannot understand the members of a profession whose common object is to remove disease not being ready to consult with each other to further this end in any given case. Hence the profession comes to be charged with littleness and jealousy and illiberality—charges from which we all wish to clear it. We have all had to encounter this question of consultation with a homœopathic practitioner. We have probably all been urgently summoned to assist some case where a mechanical difficulty was pressing, surgical or obstetric, in which the "dynamic" action of drugs was felt to be a mockery, and in which it would have been mere inhumanity not to do what we could, irrespective of the medical creed of the globulist. To refuse to apply the forceps or practise version for a patient *in extremis* because she has the misfortune to be attended by a homœopathic practitioner would be unworthy of any medical man who has the power to do such things.

But our correspondent asks, May we not meet to consult about diagnosis? Well, excluding, as we have done, cases of urgency, we regret to be compelled to answer in the negative. Consultation is consultation for therapeutical purposes, or it has no value to the patient. It is practically impossible to draw fine lines between consultation for diagnosis and consultation for purposes of cure. Every scientific man must have noticed how queer is the diagnostic faculty of the homœopath. He cures the gravest diseases as if they were the most trivial ones. Consumption, cancer, hydrocephalus, are as fleabites to him if he can manage to alight upon the specific remedy. And this conviction of cures wrought depends upon peculiarities of diagnosis. We have read of a homœopath—not very long since—who said that, before becoming a homœopath, he had lost nearly all his cases of hydrocephalus. Since his conversion he had not lost a case. Now the radical defect in such a man, be it intellectual or moral, is in the diagnostic region. He does not know what hydrocephalus is, and could not be made to understand it without discussions and dictation which could not be dignified with the name of consultation, and which would be more derogatory to the profession than the present gulf between regular practitioners and homœopathic ones. Unfortunately, homœopathic practitioners, with scarcely an exception, have done actually nothing for the elucidation of the nature of disease. They talk glibly about it, especially in drawing-rooms; but we should not expect from them light on the nature of any case of obscure disease. Their pathological theories are made to fit into their therapeutical ones, which remain as much contemned as ever by strict and scientific men. We must make one other remark. Diagnosis, especially in obscure cases, often waits upon therapeutics. How much, for example, our construction of the significance of rigors is assisted by the effect of quinine on them. Or, again, how much our view of pains or other symptoms in certain cases might turn upon the effects of iodide of potassium. But how would it be possible in such cases to confer with a homœopath whose notions of remedies and doses are something entirely different from our own? In short, two cannot walk together unless they agree. Consultation, whether for purposes of diagnosis or treatment—were such distinctions possible,—is recognition. And the reluctant theory of the scientific students of medicine is that homœopathy is a contemptible delusion that has been half given up by its practitioners, and that must be entirely and frankly abandoned before they can be recognised as scientific men. Simple-minded homœopaths have no reason to complain. Their theory is that they have almost exclusive possession of specifics and the true principles of cure. They cannot complain that we leave them alone in such a favoured position. Those who are not simple-minded are entitled to no consideration at all. In fine, we think that the cause of truth, and even the cause of good feeling, will be best served by our acting separately. When homœopathy can cure one otherwise incurable disease, or has done one new tangible and intelligible piece of work, its claims will be reconsidered.

Medical Annotations.

"Ne quid nimis."

THE MEDICAL ARRANGEMENTS FOR THE AUTUMN MANŒUVRES.

THE regulations regarding the Autumn Manœuvres have just been promulgated, and the following may be taken as affording a sketch of what will be the medical arrangements on that occasion. The strength of the force in the field, including all ranks, will be 30,492. The principal medical officer of the entire force will be an Inspector-General, who will proceed with the northern or Aldershot army, and a Deputy Inspector-General will act as the principal medical officer of the southern or Blandford force. Each of these forces will consist of two divisions, with a surgeon-major as the principal medical officer of a division. There will be three field-hospitals to a division; each hospital is to be equipped for forty-five beds, with a surgeon-major or surgeon in charge, and two assistant-surgeons. Every regiment will be invariably accompanied by a medical officer belonging to the corps, who will have a bell-tent for the examination of cases of sickness, but all patients requiring admission to hospital will be treated in the field-hospitals. Fifteen ambulance-waggons will accompany each division into the field, and by means of these and the utilisation of railroads the field-hospitals will be relieved of all their serious cases, which will be sent to the permanent hospitals of Aldershot and Netley. We understand that a new feature in the distribution of medical duties will consist in the employment of regimental surgeons and assistant-surgeons in the field-hospitals and in any other general duty where their services are required, irrespective of the corps to which they may belong. The supplies of medicines, medical and surgical appliances, as well as other portions of the hospital equipment, are based upon a fixed scale. The "field-hospital" attendants will be furnished from the Army Hospital Corps, and each

regiment will be accompanied by one of its trained regimental hospital orderlies, who will carry, during active operations, the field companion, containing medicines for emergencies.

DR. HOOKER AND MR. AYRTON.

IT is rather more than thirty years ago that Kew Gardens were handed over to the public use as a national scientific establishment and a place of intellectual enjoyment. By Sir William Hooker and his son these gardens have been made what they are, and there is no need to say much about what they are, for Kew is acknowledged to be quite unique as a scientific establishment. As a reward for his labours, Dr. Hooker, the present Director, has been for the last two years subjected to a degree of systematic annoyance and petty persecution that have simply made his position unendurable. There is no Government probably that would not be glad to secure the services of Dr. Hooker, but in no other country could he find the same field for the exercise of his great acquirements as a botanist and vegetable physiologist. The papers connected with this controversy have been published in the interval since we expressed an opinion on the case. We see no reason for amending or modifying the conclusions at which we arrived. The papers contain a good deal of matter that is quite irrelevant; but as Lord Derby, whose honesty and sound judgment are undoubted, remarked, we should rejoice to find that they were capable of receiving a less unsatisfactory interpretation than we have been able to put upon them. Dr. Hooker has been treated with an amount of suspicion and rudeness that would be scarcely justifiable in the case of some underling without a character or position to lose. If the tone of the Treasury minute contrasts with that adopted by Mr. Ayrton, it ought not to be forgotten that it was no spontaneous recognition of Dr. Hooker's position on the part of the Government. It was simply adopted as a defence against the indignant criticism which Mr. Ayrton's line of conduct had awakened, both within and without the Houses of Parliament, by putting himself in antagonism with public feeling. After all, the course suggested in the Treasury minute is not a restitution, but a compromise; and it is a compromise that Dr. Hooker and his friends may not be willing to accept. It is clear that his continuance in his present office would be intolerable in future unless he be fenced and guarded against any repetition of similar attacks of petty persecution.

HOW TO AVOID SUNSTROKE.

THE extraordinary prevalence of heat-stroke in New York during the recent hot weather has produced the usual crop of sensational paragraphs in the newspapers, in which the most amusing feature is the intense dogmatism with which the writers direct the public what to do and what to avoid. Of course, as always happens in such cases, the dogmatisers are the most positive exactly on those points where they are the most ignorant. For example, in a paragraph of the *New York Times*, which has been going the round of the papers, we find that "it may be unhesitatingly said that any drink containing alcohol is heating." Now, if the writer had said that any immoderate use of alcohol is bad, because it prostrates the nervous system, and thus renders it liable to suffer under debilitating influences like that of excessive heat, he would have said what was both true and useful. But he must needs "put his foot down" on a position which is untrue; for if there be one thing decidedly proved by recent clinical observation it is that alcohol, in circumstances of high temperature, operates entirely in the direction of cooling. As we have said, the effects of alcoholic *intemperance* in hot weather are undoubtedly bad; but it is a pity that our contemporary would insist on physiological explanations, since, as we see, he has managed to give one which is directly contrary to fact.

As if this were not enough, the American newspaper stumbles into an even more portentous blunder. The value of continuous cold water affusion to the head and neck in some forms of heat-stroke is particularly well established. Our contemporary, however, with his off-hand notions of physiology, desires us to apply the water to the legs, having evolved out of his moral consciousness a theory of relieving the brain by the revulsion that must happen when the blood rushes back to the legs after having been momentarily driven away! It is scarcely necessary to say that this is nonsense, and rather mischievous nonsense too. The usual cold tub may be taken in hot weather as a mere luxury once or twice a day. But it cannot be too emphatically said that if cold bathing is to be applied as a remedy for threatening head symptoms, the medical man is the only person fit to judge of its applicability, and the way in which it should be used, in any individual case.

CUSTOMS OFFICERS.

DR. DICKSON, R.N., Medical Inspector of Her Majesty's Customs, has recently presented his annual report to the Commissioners, from which we are always glad to glean some useful statistics and deductions. It appears that the out-door officers, watermen, messengers, and other inferior officers, now amount to a total of 1047 men, 798 of whom are stationed in London, and 249 at Gravesend. The individual changes have been unusually numerous, 18 deaths, 14 superannuations, and 17 promotions having occurred; 2 have been discharged with gratuities, 8 have resigned, 4 were dismissed, and 1 struck off the establishment. Dr. Dickson continues the classification and nomenclature adopted in 1868, and from this we find that the sickness of the force was in the first quarter great, participating in the general ill-health of the metropolis, the mortality, which was 4·7 per cent., being chiefly due to small-pox. The health of the department in the two following quarters of the year was fairly good; but from October to December there was much sickness, rheumatism and bronchitis being remarkably in the ascendant, and many cases were of unusual severity.

The report before us is valuable as giving not only a positive report of the sanitary condition of a large body of men employed chiefly on our great water way, but an account of useful comparisons drawn with respect to meteorological variations and conditions. Dr. Dickson very pertinently observes that "the year 1871 was remarkable for its singular vicissitudes of temperature. January, June, November, and December were almost unprecedentedly cold, while February, March, and August were noted for their exceptional warmth. Such changes are in our climate powerful and obvious factors in the causation, progress, and result of disease. They perceptibly mark the Registrar-General's mortality returns, and their influence on health would be more clearly manifested if some attempt at the registration of disease were made from the ample and tolerably accurate data which even now are to be found in the detached medical records of the Poor-law and other public services. It would then be ascertained that while pulmonary consumption is the most fatal form of disease to an adult population, rheumatism and bronchitis (often associated in the same individual) are the maladies which most cripple the energies of the weaker of both sexes and all ages, and so materially affect the national health, although their prevalence is but imperfectly indicated in the bills of mor-

tality." We commend these observations to the attention of the authorities at the office of the Registrar-General, for the influence of diseases that cripple are nearly as important as those that kill.

CHANGE OF WEIGHT UNDERGONE BY THE HUMAN BODY IN BATHS.

MM. JAMIN and DE LAURÉS give, in *Comptes Rendus*, an account of recent experiments on this subject as follows:—The question has not yet been clearly settled as to whether mineral waters can be absorbed by the human body. Some affirm that they can; others deny it. Profiting by a recent stay at the waters of Néris, they repeated the experiments that were made by Sanctorius. To comprehend the significance of these, it may be well to call to mind that a man of good constitution receives into his system about 4000 grammes of food daily; that he expels 1500 grammes as excretions; and that he assimilates 2500 grammes of matter, which disappears in twenty-four hours, by the lungs and by the skin. This last is an hourly loss of about 100 grammes. In reality the loss is not uniform; it reaches 125 grammes after dinner, and diminishes gradually throughout the night until breakfast on the following day. It was found to be about 80 grammes between 6 and 7 o'clock in the morning. After breakfast it again increases, and is greater when one is in exercise than when in repose. It reaches 340 grammes when one is walking in bright sunshine.

According to Lavoisier and Seguin, there is a loss by respiration of 30 grammes, while that by cutaneous evaporation is 60. These figures have frequently been verified when the body is immersed in water. The loss by the lungs will still continue about 30 grammes; that by the skin will be quite altered, and it may be measured by deducting from the total loss observed the 30 grammes evaporated from the lungs. If, for example, the weight of the body continues the same, it may be inferred that the skin compensates the loss from respiration, and absorbs 30 grammes of the liquid. If the weight decreases 30 grammes in the hour, the absorption by the skin may be regarded as *nil*; if there is an increase in the body's weight, the gain through the skin must be greater than the pulmonary loss. Seguin found that the body lost in water a little less than in air. Berthold, experimenting at temperatures between 24° and 28° C., perceived an increase in the weight of the body, indicating a cutaneous absorption of 62 grammes. These results were confirmed by Malden and others. M. Wilmin has experimented at temperatures varying from 30° to 34°. Out of 53 cases, he observed 20 in which there was an increase in weight, 21 in which there was loss, and 12 in which the weight was unaltered. But as the loss of weight (where it occurred) was always less than the pulmonary loss of 30 grammes, M. Wilmin inferred that in every case the skin absorbed liquid.

These experiments are quite accurate; and while their results differ somewhat, the variation in temperature must be taken into account. M. Durrien, recognising this important element, states the true law of the phenomenon. Each individual retains his weight unaltered in a bath which is at a certain moderate temperature (termed by M. Durrien "isothermal"). He gains weight if the temperature is lowered; he loses if it is raised, and this loss increases very rapidly when the temperature of the water is raised from 36 to 48 degrees.

The experiments at Néris confirm those of Durrien. They were undergone by a large number of individuals, including MM. Jamin and De Laurés. In commencing the loss of weight in air between 6 and 7 o'clock in the morning was observed. It was, on an average, 79 grammes. The subject then went into a bath, the temperature of which was 34·5°, and remained in it till 9 o'clock. A considerable loss was then observed—700 to 800 grammes. The body was again weighed, one hour after coming out of the bath, for the sake of comparison. The following table gives the results:—

	Loss per Hour.		
	Before the bath. Grms.	During the bath. Grms.	After the bath. Grms.
Aug. 25th ...	75	300	0
27th ...	80	180	40
28th ...	78	275	25
30th ...	82	358	32
31st ...	80	286	10
Sept. 6th ...	79	250	0
7th ...	83	220	0
11th ...	78	340	24
14th ...	75	230	50
Average ...	79	268	20

These results, besides confirming M. Durrien's observations, present one important feature which has not hitherto been observed. Before the bath, a person loses in the air eighty grammes hourly; in the hour which elapses after he has come out of the bath, the conditions are quite altered: the same person loses very much less weight, often none at all; there has even been detected in some cases a slight increase. This fact is well attested.

Now, seeing the quantity of matter emitted after the bath cannot be less than before it—that it ought rather to be greater, owing to the more humid state of the epidermis—the diminution in loss of weight after the bath can only be attributed to a diminution in the quantity of carbonic acid expired.

In ordinary conditions, the human body is impregnated, or rather saturated, with a normal supply of carbonic acid, and there is equilibrium between the quantity lost and the quantity reproduced in a given time. Immersion in water changes this equilibrium. It is probable that the bath dissolves a quantity of carbonic acid greater than that which was emitted in air, that the normal supply is diminished, and that hence there is a notable loss of weight. After coming out of the bath, the reverse takes place; the body reproduces its normal supply of carbonic acid, which process tends to increase the weight, but it continues to exhale vapour of water, and this tends to diminish the weight. The loss or the gain observed is the difference between these two contrary effects.

This explanation of an important physiological fact MM. Jamin and De Laurés propose to test further by analytical experiment.

REGISTRATION OF BIRTHS AND DEATHS.

WE cannot affect to regret that the Registration Acts Amendment Bill has been withdrawn, for at this period of the session it is obvious that it could not possibly receive the careful consideration which it ought to have before passing into law.

It does not argue much for the initiation of such measures in the House of Lords, that this Bill, which not only deals in a high-handed manner with a profession so numerous and important as our own, but introduces the compulsory element into transactions in which every household in this country is concerned, should have passed through all its stages in the Upper House almost *sub silentio* as far as any public knowledge to the contrary goes. We have pointed out some defects in the Bill, but not one of these, obvious enough though they be, would seem to have excited the least interest among the Peers. One can hardly believe that the Commons, even when jaded with working double-tides, would have silently acquiesced in the Government proposals, and it is likely the knowledge that there

would not only be a discussion upon the principle of the Bill but a fight over its details in Committee, has led to the conclusion that an attempt to pass it this session would be futile. The Registration Acts unquestionably need amending, and it is to be hoped that before Parliament meets again the Government will thoroughly reconsider the question, and so be prepared early next session with a Bill which will be acceptable to the profession, and will effectually remedy the defects of the existing registration system, which the Bill of this session would certainly not have done.

DR. PETTIGREW ON THE CIRCULATION.

THE concluding lecture on "The Physiology of the Circulation in Plants, in the Lower Animals, and in Man" was devoted by Dr. Pettigrew to a consideration of the movements and sounds produced by the heart and valves when acting, and to the probable causes of those sounds and movements. This afforded the lecturer an opportunity of showing his very exquisite and unique dissections of the ganglia and nerves of the heart, which he described at considerable length. The lecturer began by stating the order in which the apparatus concerned in the visible circulation opened and closed in parts to effect this object. In the cold-blooded animals the large veins (even to the venæ hepaticæ) close first, then the auricle or auricles, as the case may be, then the ventricle, and lastly the bulbus arteriosus. In the warm-blooded animals the terminations of the pulmonary veins and cavæ (superior and inferior) close first, then the auricles, then the ventricles, and then the large vessels in the vicinity of the heart—the large vessels, as he pointed out, being furnished with an elaborate plexus of nerves. The blood is, as it were, manipulated while it is being transmitted. Thus it is drawn into and seized by the large veins leading to the heart, then by the auricles, then by the ventricles, and then by the large vessels leading from the heart. No sooner, however, is it seized than it is dismissed, the seizure and the dismissal being alike necessary to the circulation. The blood is not permitted to wander about at pleasure in the cavities of the circulating apparatus; on the contrary, it is made to flow in a continuous onward stream—nay, more, it is made to open and close the doors which lead to and conduct from the chambers through which it passes. One part or other of the heart is always moving. There is no pause in the heart's action corresponding to the sounds of the heart described in books. The one movement glides into the other as a snake glides into the grass; all that the eye can detect is a quickening of the gliding movements at stated and very short intervals. A careful examination of the sounds of the heart shows that the sounds, like the movements, glide into each other. If, however, the heart is acting more or less vigorously as a whole, the question which naturally presents itself is—How is the heart rested? The lecturer gave it as his opinion that it rests as it acts—viz., in parts. The centripetal and centrifugal movements pass through the different parts of the heart very much as the wind passes through leaves; its particles are stirred in rapid succession, but never exactly at the same instant. The heart is moving as a whole, but its particles are only moving at regular and stated intervals; the periods of repose, there is every reason to believe, greatly exceeding the periods of activity. The nourishment, life, and movements of the heart are in this sense synonymous. The various parts of the heart—viz., the muscular fibres, valves, and even the blood which the heart contains—produce sounds when the heart is moving; and these run into each other and echo, or repeat themselves in such a manner as makes it exceedingly difficult to determine what parts or substances produce certain sounds. The susurrus (i. e., the sound produced by the contraction of the muscular fibres) and the rushing of the fluid blood against the valves and into the cavities and vessels of the heart constitute the major factors. The lecturer expressed his belief that the power of opening and closing in its several parts inheres in the heart itself, and is not due to the impinging of the blood against the lining membrane of the heart, the blood acting as a stimulus. He argued against the stimulus theory, on the ground that, if the blood acted as a stimulus, it would cause the heart to contract before it had received its full quantity of blood, which it did not. He inferred that if the contents of the heart and the other hollow viscera acted as irritating stimuli, the hollow organs as a class could not consistently be regarded as proper receptacles for either dead or living matter. There is, the lecturer observed, a certain connexion between the brain and the heart, as we all feel when we receive a sudden piece of intelligence, good or bad; but the brain and spinal cord may be crushed in hybernating animals without interfering in the slightest with the heart's action, so that either the heart moves in virtue of a power inhering in its muscular substance, or in the nerves and ganglia which are so plentifully distributed thereto. The lecturer drew attention to masses of unipolar and bipolar nerve cells which he found in the ganglia of the heart, these in some instances being arranged in terminal clumps like grapes upon their stems. The lecture was illustrated by a large number of diagrams, by experiments, and by Dr. Pettigrew's elaborate nerve dissections already referred to.

At the close of the lecture the President of the Royal College of Surgeons, in the name of the College, moved a cordial vote of thanks to Dr. Pettigrew "for his very admirable, interesting, and original course." The vote was seconded by the ex-President of the Royal College of Physicians, and enthusiastically passed.

We are glad to find that these lectures have been numerously attended by professors, lecturers, practitioners, and students. The problem which Dr. Pettigrew set himself appeared to us to be not only novel, but one of no ordinary magnitude. To trace the circulation from the lowest to the highest forms of life opened up a wide field of inquiry, and necessarily required for its elucidation an extensive knowledge of anatomy, physiology, and natural science generally. We have reason to know that these lectures, characterised by great vigour, originality, and breadth of thought, have been listened to with no ordinary interest, and we congratulate Dr. Pettigrew on the success he has achieved as a lecturer. As regards the physiology of the circulation they are unique, and by their grouping together isolated and original facts they have materially advanced our knowledge, and imparted to the whole subject a new and lasting interest.

THE CORPORATION OF LONDON AND THE PUBLIC HEALTH BILL.

A MEETING of the Corporation was held at the Guildhall on the 29th ult., under the presidency of the Lord Mayor, to consider the proper course to be adopted with reference to the new duties of the members in connexion with the Public Health Bill. A motion to make the Commissioners of Sewers the responsible body was rejected; and, after several amendments had been suggested, a Committee was formed of thirty-three members, chosen from the City wards, to be named the "Sanitary Committee of the Port of London."

It would seem, however, according to the reports which have appeared in the daily journals, that the members of the Corporation have a very faint conception of the work that is to be entrusted to them, although they seem to be fully

aware how much the denizens of the port may influence the health of the inhabitants of the City. No definite arrangements appear to have been made to meet an invasion of cholera; and indeed, pending the passing of the Public Health Bill, we are in the clouds as to whether this newly-constituted body or the Thames Shipping Inspection Committee are responsible for the execution of emergency work. A most extraordinary misconception appeared to have imbued the minds of some members, to the effect that the waterside authorities would, for all ordinary purposes, be still severally responsible for the sanitary condition of the floating population. It must be distinctly remembered that the "Port of London" clause was inserted in the Bill for the special purpose of avoiding piecemeal, and therefore useless, legislation on the river, and of uniting these fragmentary districts under one head. So the port sanitary authority of the Thames constituted under the Bill will be responsible for all that occurs in the vessels on the river, in the same way as metropolitan, urban, and rural Boards of Health will be responsible for the sanitary condition of the houses in their district.

CHOLERA IN RUSSIA.

THE last-published number of the Gazette of the Russian Academy contains an interesting article on the recent prevalence of cholera in the Russian Empire. The writer states that it would seem as if cholera were about to become permanently established in Russia. This year the disease has again visited Kiew, "the city of pilgrims," and it has prevailed more or less in the governments of Volhynia, Voronege, Ekaterinoslaw, Koursk, Mohilew, Tchernigow, Kharkow, Kherson, Oral, Riagan, and Moscow. It has also appeared in St. Petersburg. In certain of the governments named cholera has prevailed only slightly, but in others it has committed serious ravages. In the government of Ekaterinoslaw, not more than 800 deaths from the malady have been recorded, but in the government of Kiew it has already carried off 3000 persons. The progress of the disease in Moscow is not fully known; but in St. Petersburg official daily returns are now regularly published, and from the last received of these returns we learn that from the 23rd June, the date of the first case, to the 25th July, 1295 cases had been recorded, of which 573 had died, and 307 recovered.

It is argued that it is high time that serious measures were taken to render less alarming the recurrences of this terrible visitor. Specialists have long ago shown what measures should be adopted to this end, but these measures have attracted little attention in Russia, unless the plague has immediately menaced a place, when commonly it is too late to adopt them. The most efficacious of preventive measures are disinfection and the purification of all places from dangerous miasms. An excellent example of what ought to be done was shown by the town of Irbite during the last outbreak of cholera. Irbite is a town in which a fair is held, and during this commercial festival great quantities of excremental and other filth are permitted to accumulate and to pollute the place. Adjacent to the town also is a marsh, liable to give off dangerous exhalations. On the first news of cholera, the authorities set to work and had the town thoroughly cleansed; and Irbite escaped the disease.

The writer of the article commends the example of Irbite to other Russian towns, but he cautions the authorities that measures of purification cannot be expected to have an immediate effect. The accumulated filth disturbed during the processes of cleansing gives off dangerous emanations; but this danger is of less importance than allowing the filth to remain untouched. For if the danger to health should be aggravated for a moment, this danger is quickly past, and future safety is secured. Cholera, coming from India, spreads over the world along well-known routes, and localises itself in places which approximate as to quality of atmosphere (that is, in respect to atmospheric foulness) to the localities in India where the disease is endemic. If it be too late to disinfect and cleanse a town when the disease is at hand, at least by these measures a surety against its recurrence may be obtained. During the last appearance of cholera in Russia, cholera returned upon its steps, and made as many victims during its second as during its first extension. It is argued, therefore, that measures ought to be systematically adopted and pursued in Russia for limiting the ravages of the pestilence. Let us hope that the excellent advice here tendered may not fail of effect upon those to whom it is addressed.

THE RATING OF ST. THOMAS'S HOSPITAL.

THE rating of charitable institutions appears, at first sight, to be a great hardship, but if it be a sound principle that all localised property should bear its share of local burdens there is no reasonable excuse for exemptions of any kind. Such exemptions, moreover, in the case of charities, have not unfrequently led to very considerable injustice. Half-a-dozen national institutions are located within a very short distance of St. Thomas's Hospital, and the effect of relieving them from rating would be to add to the burdens of the other property-owners in the district. This effect is still more obvious where, as in the case of Queen-square, a large proportion of houses which were formerly highly rated have been converted to hospital uses. In this case the rate amounts to several hundreds in the year, and the remission is equivalent to a forced contribution from the neighbouring houses. Bearing in mind these facts, Sir Francis Hicks has no real ground of complaint in being obliged to contribute £3000 a year to the poor rate from the hospital revenue, since, if remitted, this amount would be forcibly extracted from the other parishioners of Lambeth. Fortunately it is a mistake to suppose that the money is wasted. It goes, in fact, to an object quite as legitimate as the support of the hospital—viz., the support of the sick and destitute; in fact, to the same purpose as that for which the hospital itself was originally established. In olden times St. Thomas's was the only public infirmary of the south of London. It was the equivalent of the present workhouse infirmary, and we are not by any means sure that the £3000 a year paid over by the trustees of St. Thomas's to the Lambeth guardians will not be as wisely expended by them as by the treasurer of St. Thomas's. At all events, the former will not be permitted to expend it in extravagant buildings and decorations.

THE DUC DE GUISE.

THE death of the Duc de Guise commands the sympathy of many beyond the bereaved circle. "Whom the gods love die young," will occur to all who knew the gentle nature, the beautiful intellect, and the fair promise of the youthful prince. During his stay in England he had formed many attachments and inspired many bright hopes, and when he returned with his father to France, he seemed to embody the aspirations of those who yearned for the restoration of constitutional monarchy to that country. His father lived for him alone; and had he ever accepted the crown of France it would have been to bequeath it the more lustrous and the more durable to his high-minded and large-hearted son. *Dis aliter visum!* Excessive zeal in study overtaxed the finely-strung, delicate organisation of the growing youth. The seeds of scarlet fever had effected

an insidious lodgment in his system, and, not suspecting his state, he went to bathe. On leaving the bath he suffered a sense of malaise; but the physicians who were called in found no cause for uneasiness. On this assurance the Duc d'Aumale set out for Aix-les-Bains, but had scarcely arrived there when a telegram recalled him to Paris, only to witness the parting breath of his son. Sad comment on the ravages of preventable disease acting on a young constitution impaired by over-study! The afflicted father was accompanied not only by all his princely relatives, but by many endeared friends and political sympathisers to the lovely cemetery of Dreux, where now reposes the mortal part of François Duc de Guise.

THE FUTURE OF THE HAMPSTEAD HOSPITAL.

THE Local Government Board have not given their consent to the proposal of converting Hampstead Hospital into an infirmary for bedridden and harmless lunatics. The subject is full of difficulties. Hampstead will shortly be empty, and it is to be hoped that the accommodation for small-pox patients provided at Stockwell and Homerton will prove sufficient for the requirements of the metropolis for some years at least. London never was freer from fever, and although the hospital would prove to be of great value should cholera come amongst us, it seems scarcely necessary to keep permanently so large an establishment to meet what we may hope is a remote contingency. In our judgment it is desirable that the wards should be disinfected and made ready for any emergency; but if, as we hope, there be no occasion for its appropriation for epidemic disease, it may be desirable that the suggestions of the Asylum Managers should be again brought forward. The utilisation of the wards for bedridden imbeciles and harmless lunatics would relieve the now overcrowded asylums at Leavesden and Caterham, while a class which is now isolated from the visits of friends would be brought within easy reach. As a question of humanity this would be a great boon to both.

HEALTH OF EDINBURGH.

IT is not surprising that Lord Kinnaird's observations in the House of Lords on the unhealthiness of Edinburgh, to which we briefly adverted last week, have occasioned a good deal of discussion in Scotland. We gather that what has led to the opening of the subject at this time is the publication of a letter addressed to the citizens of Edinburgh by Mr. William Thomas Thomson, dated the 29th of June last, in which attention is directed to the "continued high death-rate which continues (*sic*) to prevail in Edinburgh, marking it as very nearly the most unhealthy city in the kingdom." Now, this was rather a sweeping conclusion to arrive at, the deduction being made from a mere comparison of the total death-rates of the large towns, as published by the English Registrar-General, for a period of eighteen weeks from the commencement of the present year. That, with the exception of Dublin, Edinburgh sustained the highest aggregate mortality of all the towns so compared, is undeniable; but the *Scotsman* objects to the comparison on the ground that for the period in question Edinburgh was suffering terribly from a visitation of small-pox, from which many of the other towns were at that time free. And we may observe, that whereas in the last week of Mr. Thomson's series (ending May 4th) the death-rate in Edinburgh was 38 per 1000, the rate for the very next week fell to 30, and has ever since then declined; in fact, the rate for the month of July was only 21 in Edinburgh, while it was 22 in London, and 25 in Glasgow.

So far as the general death-rate affords a test of the comparative healthiness of towns, the fairest way to state the case as regards Edinburgh seems to be thus: Taking the twenty cities and towns comprehended in the Registrar-General's returns, their average annual mortality during the last five years (1867 to 1871) was 26·1 per 1000; the corresponding rate for Edinburgh was 25·7. Mr. Thomson has, we think, erred in stating his case too absolutely, and without due regard to the many disturbing elements which need always to be taken into consideration in deductions from mortality statistics. But in raising the question whether the death-rate of Edinburgh is not higher than it ought to be, he has, in our opinion, ample justification in the facts which we have mentioned above, for it can hardly be doubted that an average death-rate of nearly 26 per 1000 indicates that the population experiencing such a rate must be existing under conditions less favourable to human life than ought to be the case. The citizens of Edinburgh, jealous of the fame of their city, should take care that no practicable means are neglected for putting its hygienic repute upon the same high level as its manifold attractions in other respects have secured for it.

THE RUSSIAN RED-CROSS SOCIETY.

THE first Congress of the Russian Society to Aid Sick and Wounded Soldiers was held in Moscow on July 9th. General Prince Dolgoronkow, Governor-General of Moscow, presided, and opened the proceedings of the Congress by an address, in which he warmly approved of the objects of the Society. The questions placed for discussion on the programme of the Congress were as follows:—1. The measures to be taken in time of peace to form a permanent fund for the Society. 2. The means to be adopted in order to bring about in the organisation of the hospitals and of the sanitary service a conjoint action of the zemstvo, the municipalities, and the medical societies. To this end the programme recommends the organisation of small infirmaries, as recommended by M. Pirogoff, which, in a time of war, would serve as models for the organisation of larger hospitals, and in time of peace as practical schools for medical men and for the other members of the sanitary service. 3. The means to be taken to obtain the assistance of the greatest possible number of medical men in carrying out the work of the Society, and, if necessary, to set aside funds for this purpose. 4. What is best to be done for making generally known the objects of the Society? 5. What facilities exist for the sections and committees of the Society forming depôts for stores during peace? Dr. Bergenson was elected secretary of the Congress, and the report of the Society shows that at the opening of the Congress its members numbered 344, and its funds amounted to 28,508 roubles.

ANALYSIS OF AIR.

DR. ANGUS SMITH gives the following very simple method of testing the amount of carbonic acid in the atmosphere, and approximatively the amount of impurity or deterioration. Take a clean wide-mouthed stopper bottle capable of holding seven ounces. Draw in air by means of a glass tube, taking care not to breathe into the bottle. Put half an ounce of clear baryta water (·08 of a gramme of baryta), close the bottle and shake. If the air should contain less than ·03 per cent. of carbonic acid, there will be no precipitate. If the bottle holds 5·42 ounces, there will be no precipitate unless the carbonic acid exceed 0·04 per cent. As no dwelling-room should contain more than 0·08 per cent. of carbonic acid, its purity may be tested in a similar way by using a bottle containing 3 ounces. If there should be a perceptible deposit, more ventilation is required. Lime water may be used instead of baryta water, but in that case the bottle must be larger, owing to solubility

of carbonate of lime, and the consequent difficulty in recognising the beginning of opacity. In using lime water it is necessary to draw out the required half-ounce with a pipette. By the following table it is within the power of anyone to test the purity of the atmosphere:—

Air at 0° centigrade and 760 mm. barometer.

Carbonic acid in the air per cent.	Size of bottle to be used with half an ounce of lime-water: no precipitate produced.
·03	20·63 oz. avoirdupois
·04	15·60 „
·05	12·58 „
·06	10·57 „
·07	9·13 „
·08	8·05 „
·09	7·21 „
·10	6·54 „
·15	4·53 „
·20	3·52 „
·25	2·92 „
·30	2·51 „
·50	1·71 „
1·00	1·10 „

EX. 1: No precipitation takes place in a 20·63 oz. bottle containing half an ounce of clean lime-water. This proves that the carbonic acid does not exceed 0·03 per cent., and shows that the air is in a state of great purity.

EX. 2: By using a bottle of the capacity of 8 oz., the absence of precipitate shows that the carbonic acid is less than 0·08 per cent.

A DEFECT THAT WANTS REMEDYING.

WE inserted in our "Notices to Correspondents" last week a letter with this heading, and delayed the reply in order to express our opinion on the matter more fully. It is enjoined in the 230th section of the Merchant Shipping Act of 1854 (which section is still in force) that "every foreign-going ship, having 100 persons or upwards on board, shall carry on board as complement some person duly authorised by law to practise as physician, surgeon, or apothecary," and, in default, a fine may be inflicted. So that as the law now stands, a ship of the size referred to by our correspondent is not compelled to carry a surgeon. THE LANCET and other journals have "agitated" during the last ten or twelve years with the view of obtaining a revision of the sanitary laws relating to ships' crews, and with some effect, as scurvy is now rapidly decreasing; the crew space in most vessels is liberal, and better ventilated than formerly; and a more simple "Medical Guide" has been authorised and issued for ships that carry no medical officer. But until a systematic medical inspection takes place before articles are sighed, and until the scales of diet are altered, we must not look for any further material improvement in the sanitary condition of our sailors at sea.

THE FEMALE MEDICAL STUDENTS.

MISS JEX BLAKE and the other ladies attending the University of Edinburgh have triumphed over the Senatus in the assertion of their right to complete the studies which the Senatus allowed them to begin. In the Court of Session, Lord Gifford, after having taken their plea *ad avisandum*, gave judgment in their favour. This is just what we expected. We have all along maintained that by allowing the ladies to matriculate and to prosecute their studies for two years the Senatus had entitled them to the privileges of students, and were bound to let them complete their curriculum and qualify for graduation. The attempt to stop them half-way was ill-advised, and the Senatus had their reward in finding themselves in a false and untenable position. Whether the precedent thus established will lead to the general admission of lady students to the University, or give an impulse to the medical education of women, is another question. But whatever difficulties in the matter are in store for the Edinburgh Senatus have undoubtedly been self-incurred.

NEW FORAGE REGULATIONS.

WE understand that a new circular has just been issued for regulating the allowance of forage, which will affect the interests of army medical officers. We do not know how far the authorities are legally warranted in over-riding the provisions contained in a Royal Warrant by the issue of a circular bearing the signature of an unknown, however loyal, subject. Still, the scale of forage allowed by this new circular to the different ranks of the Army Medical Service will have the effect of abrogating one of the clauses of the Royal Warrant of 1858, which, according to its seventeenth paragraph, provides that "such relative rank shall carry with it all precedence and advantages attaching to the rank with which it corresponds, and shall regulate the choice of quarters, rates of lodging-money, servants, forage," &c. We believe that we are correct, too, in stating that this portion of the warrant was confirmed by a decision in 1864, and that it has been acted upon ever since its first promulgation.

SCOTTISH MIDLAND AND WESTERN MEDICAL ASSOCIATION.

THE first annual general meeting of this association was held in the Clarence Hotel, Glasgow, on Friday, the 26th ult., at 2 P.M. The meeting was well attended, and we are glad to learn from the general secretary's report that the society is in a very flourishing condition. Since its establishment six months ago, it has been joined by ninety-three members of the profession, and has been able during that period to accomplish some important objects for the benefit of the country practitioner. The members of the association afterwards dined together and spent a pleasant evening, congratulating themselves that such an association had been formed amongst them, which, besides doing much to better the pecuniary position of its members, had also already been the means of promoting a spirit of good-fellowship and mutual esteem among country practitioners.

FRESH AIR AND FRESH IDEAS.

ON Friday evening, the 26th ult., a meeting of the Physical Society of St. Thomas's Hospital was held in one of the open courts between the pavilions of the hospital, when a paper "On the Clinical Uses of the Thermometer" was read by Mr. Crossman. Mr. Wagstaffe presided. The speakers were heard very distinctly, and the audience had the comfort of the open air. We do not see why more use should not be made of the open spaces at hospitals for such purposes, and conceive that lectures which do not necessitate the production of a large array of diagrams might with advantage be given in the open air in the summer months, when the lecture-rooms are often insufferably hot.

INFANTILE DIARRHŒA.

THE effect of the great heat which we have had of late is manifest in the death returns by a large increase in the mortality from diarrhœa. In London the general mortality has risen from 17 to 26 per 1000 in the last five weeks, the rate last week (26) being higher than in any previous week this year, a result almost exclusively due to the fatality of diarrhœa, which caused last week 394 deaths. The mortality from this cause was nearly all among children under five years of age, of whom 324 died in their first year. In the

eighteen large towns the deaths registered from diarrhœa in the week ending 6th July were 113, in the next fortnight they were successively 226 and 370, and last week 604. In Leicester and Leeds the fatality is greater than in London, while in Hull it is equal, but in all the other towns considerably less fatal than in London. The Registrar-General refers in this connexion to the "importance of pure water to children who drink freely in hot weather," and no doubt that is a most important matter; but it must be remembered that the mortality is to a large extent among infants, who are hardly likely to drink freely of water.

THE MARCHIONESS OF BUTE.

THE Marchioness of Bute was attacked on Sunday morning with scarlet fever, and although for a time the symptoms indicated a certain amount of severity, this condition was quickly followed by evidences that the course of the affection was assuming a more benignant form. We are now glad to be able to state, on authority, that her ladyship is progressing most favourably towards recovery.

THE CATTLE-PLAGUE.

THE rinderpest is again upon us. The last telegraphic advices state that dead cattle are floating about the mouth of the Humber, that the smell is "really fearful," and that if the wind continues easterly, there is every probability of the carcasses coming ashore on some part of the coast. Mr. Forster's replies on the subject in the House of Commons are singularly weak and vapid, and the operations as conducted at the various ports at which cattle-plague cargoes have arrived have the charm of variety, but do not appear to be particularly successful. And in spite of the reply given by the Vice-President of the Council on Tuesday last, we still take leave to doubt whether the vessels are properly disinfected.

AT a meeting of the St. George's (Hanover-square) Vestry, the Rev. H. Howarth, B.D., the rector, moved—"That this Vestry desire to record their sense of the great loss this parish has sustained by the death of their esteemed medical officer. To his eminent qualities as a physician were added scientific talents of a high order, the whole of which were brought to bear upon the important interests entrusted to his charge with a conscientious zeal and faithful diligence that cannot be too highly appreciated. That this resolution be communicated to Mrs. Aldis and the family, with the assurance that the Vestry sympathise with them most sincerely in their present position."

LORD JERVISWOODE has decided that firms, as well as individuals, are entitled to vote in the General Court of Contributors to the Edinburgh Infirmary. It will be remembered that the opponents of the admission of the lady medical students to the clinical courses in the Infirmary took exception to the votes of firms—the said votes being all but unanimous in favour of such admission, and now putting the opponents in the minority.

THE annual meeting of the Medico-Psychological Association held on Wednesday at Edinburgh, under the presidency of Sir James Coxe, the Senior Commissioner in Lunacy for Scotland, was an unusually successful one. The President entertained the Association and many of the leading physicians of Edinburgh at the Douglas Hotel. The Association decided that their next place of meeting should be London, and elected Dr. Harrington Tuke as president for that year.

DR. JOHN DOUGALL is a candidate for the Chair of Medical Jurisprudence in Anderson's University, Glasgow. Dr. Dougall has contributed some excellent papers to the scientific literature of the day, some of which, on medical topics, have appeared in our columns and in those of our contemporaries, while others on natural science have been published in the Transactions of the Glasgow Geological and Natural History Societies.

WE understand that some deaths from cholera took place on board a ship from Odessa to Falmouth during the voyage. There have been up to this date about 160 cases at Cronstadt, nearly half the number proving fatal; of the latter a few deaths occurred on board a British ship. As we go to press we learn that the disease has appeared in Berlin.

LORD ELCHO will preside at the meeting of the National Association for the Promotion of Social Science on the 6th August, when Mr. Henry Dunant will read a paper entitled "A Proposal for introducing Uniformity into the Condition of Prisoners of War."

Dr. LIVINGSTONE'S "Diary," forwarded to Miss Livingstone, now in Iceland, will on no account be published till authentic news of the Doctor's death has reached England. Instructions to this effect were given by Dr. Livingstone himself when he sealed the Diary.

WE learn that the remaining portion of Mr. Alfred Haviland's work on "The Geographical Distribution of Diseases" is now ready for the press, and as soon as the necessary subscriptions are received, will be published.

THE 108th Regiment, now at Deesa, is suffering severely from dengue, 95 persons (including women and children) being laid up in hospital.

AT a recent Volunteer review near Manchester the men suffered severely from the heat, one battalion alone having thirteen cases of syncope; happily none were fatal.

A CONTRIBUTION TOWARDS THE CLASSIFICATION OF THE BRUTA.

OUR knowledge of the *Edentata*, by some termed *Bruta*, is relatively so small, and the classification of this order—spite of what Dr. J. E. Gray has done for it—so tentative and unsatisfactory, that any contribution to the anatomy of these most interesting mammals, which would either throw light upon or advance by one step a systematic arrangement of them, is sure to be welcomed by all who take an interest in philosophical zoology. Of such valuable character is a contribution made by M. Alphonse Milne-Edwards to a late number of the *Annales des Sciences Naturelles*. So little has been and is even now known of the fœtal envelopes of the Edentata, that this order has hitherto rather stood out "in the cold" in classifications of mammalia which are based upon the structures in question. Since the generative system is one of those which varies least with the known habits of animals, and is less likely to be directly affected than would be the other systems of vegetative life by the "environment," surrounding medium, or "conditions of existence," it has been sought by zoologists as well as botanists to take this system as a basis of classification. This being the case, the sooner the Edentata can either be classified *inter se*, or be broken up and distributed among other mammalian groups, the better for zoological order and system.

M. Milne-Edwards first passes in review all that is known

of the structure of the placenta and other fœtal envelopes in the Edentata. This is singularly little, especially when it is considered that much which has been described is but imperfectly known.

With regard to the ant-eaters proper, the characters of the fœtal envelopes of the largest species—namely, *Myrmecophaga jubata*, are as yet utterly unknown; in *Cyclothurus*, the smallest species, which is two-toed and arboreal in habit, the placenta, according to the well-known "Leçons" of Milne-Edwards, is not divided into lobes, but consists of a kind of concave disc; but to what extent it invests the walls of the ovum is not yet ascertained. With the remaining existing genus of ant-eater, the arboreal, four-toed "Tamandua," the present note is concerned.

In the specimen of this ant-eater examined and figured by M. Milne-Edwards, the placenta is situated at the end of a fairly long and cylindrical umbilical cord, the vessels of which did not take any spiral course. In shape it was single-lobed and circular, but occupied a considerable extent of the surface of the ovum, but was of a form too convex to come under the category of the so-called "discoidal" placenta. It will be more correct, thinks M. Milne-Edwards, to term it a "placenta discoidal envahissant." It occupied the greater extent of the walls of the ovum, but was not made up of simple villosities, such as those on the placentæ of the Pachyderms, of camels, and of the Tragulines (commonly termed by many "musk-deer"); but the vascular tufts are much crowded together, and give to the placenta at the centre a spongy appearance. The edges are sharply defined, and have a part of the chorion smooth, corresponding to the neck of the uterus. The villi did not in any degree recall to mind in their dispositions the reticulated folds and honeycombed aspect described by Sharpey as occurring in the placenta of the Pangolin (Manis), or scaly ant-eater. Towards the centre there appeared to be some débris of the uterine tissue, which suggested the existence of a decidua; but on this point there is uncertainty. No trace of an allantois was present, from which it is concluded that this fœtal appendage must be, to say the least, very much reduced in size. The internal surface of the chorion was perfectly smooth, and did not present any of the protuberances which have been observed on that of the Unau, or two-toed sloth.

If the placenta of the "Tamandua" be compared with those of some of the other Edentata, we cannot fail to be struck with the considerable differences which seem to exist in the structure of that organ in the different members of a group considered by most zoologists to constitute but a single *order*.

After criticising a figure of the placenta of the two-toed sloth put forth by Carus, and remarking that it does not resemble that of any known mammal, much less Edentata, M. Milne-Edwards states that, according to Prof. Owen's description, this organ in the armadillo resembles the discoid placenta of an insectivore; while that of the Pangolin described by Huxley, after Sharpey, offers a third mode of organisation not less distinct from the preceding. The "Tamandua," in short, offers an arrangement which, though differing in some particulars from that existing in *Cyclothurus*, seems to be only an exaggeration.

M. Milne-Edwards puts, in conclusion, the following pertinent question:—Are we to regard this diversity in the order Edentata of less importance than that accorded by naturalists to like variations in fœtal envelopes in other groups of the class Mammalia?—or are we to conclude that the different zoological types included by zoologists under the name Edentata have less affinity between them than is generally believed, and might be represented in our system of classification by divisions of a wider character? M. Milne-Edwards inclines to the latter proposition, and proposes at some future time to discuss and enlarge upon the same.

THE INTERNATIONAL OPHTHALMOLOGICAL CONGRESS.

A PRELIMINARY meeting of the members of the Congress took place at the College of Physicians on Wednesday evening. The meeting was never formally constituted; and the time was chiefly occupied in the payment of subscriptions. Fifty-eight gentlemen enrolled their names, and two hours were spent in the interchange of friendly greetings. Among the foreign visitors were Prof. Donders, Drs. Warlomont, Galezowski, de Wecker, Meyer, Noyes, Green, Joy Jeffries, Horner, Zehender, and many others; whilst nearly all the London and many of the provincial ophthalmic surgeons of repute were also present.

On Thursday morning the members assembled at eleven o'clock, and Mr. Critchett, the Chairman of the Executive Committee, welcomed them to England in the names of himself and of the other ophthalmic surgeons of London. Professor Donders was then elected as President of the Congress; Dr. Williams of Boston, U.S., and Dr. Warlomont of Brussels as Vice-presidents; Dr. Zehender of Berne and Messrs. Soelberg Wells and Hulke as Secretaries. The scientific business was then commenced; and during the morning sitting papers were read by Dr. Joy Jeffries, Dr. de Wecker, and Dr. Warlomont.

The arrangements of the Congress will fully occupy the time of the members until Saturday night; and on Monday, all who remain so long have been invited by Mr. Spencer Wells to spend the afternoon in his grounds at Hampstead.

SUMMER ASSIZES, GUILDFORD,

JULY, 31ST, 1872.

(*Before* Mr. Baron MARTIN and a Special Jury.)

MAUNDER v. WAKLEY.

THIS was an action by a medical gentleman against the proprietors of THE LANCET for libel. The case appeared to excite great interest in the medical profession, and a large body of the members of that profession were present in court.

The plaintiff is one of the surgeons of the London Hospital, and had criticised an operation by another surgeon there; on which a controversy had arisen, in the course of which THE LANCET published an article commenting on Mr. Maunder's conduct as unprofessional.

Mr. Hawkins, Q.C., Mr. Day, Q.C., and Mr. T. Salter were for the plaintiff; Mr. Serjeant Parry, Sir George Honyman, and Mr. A. L. Smith were for the defendants; Mr. Kenelm Digby watched the case on the part of the Committee of the London Hospital.

When the cause was called on, a conference was held between the counsel and the parties on both sides, which lasted half an hour. In the result,

Mr. HAWKINS stated that they had come to an arrangement which would obviate the necessity for a trial of the case. His client, Mr. Maunder, he said, had brought the action to vindicate his honour and character as a member of the medical profession, and as one of the surgeons of a great public institution. That object, however, would be abundantly attained by the course which was about to be taken. There was a right, no doubt, to discuss any topic of public or professional interest, so that improper motives were not imputed and no improper imputations were made upon character. Any imputations upon his client's character would be fully withdrawn, and that being so, he would be satisfied with a verdict for 40*s.* and the payment of costs, which would be an indemnity to him for the expense of this action.

Mr. Serjeant PARRY said he appeared for the Messrs. Wakley, the proprietors and editor of THE LANCET, who had felt it impossible to pass over in silence the controversy which the plaintiff had raised, and which was certainly a matter of interest to the profession; but they had no intention of making any imputation upon the character of Mr. Maunder, who himself had been a contributor to THE LANCET. They, therefore, had no hesitation in withdrawing any imputations, and, indeed, in declaring that none were intended, and they assented to the course proposed to be taken.

The learned JUDGE intimated that he quite approved the course suggested. He observed that he believed the parties had supposed that in this action for libel the original matter of controversy could be gone into, but that was an entire mistake, and he should have allowed nothing to be gone into in this action but the libel and the libel alone.

The verdict was then entered for the plaintiff for 40*s.*

The Times.

Correspondence.

"Audi alteram partem."

MICROCYTHÆMIA.

To the Editor of THE LANCET.

SIR,—The current number of the *Quarterly Journal of Microscopical Science* contains an abstract of a memoir published last year by Profs. Vanlair and Masius, of Liege, "On a Morbid Condition of the Blood hitherto undescribed," consisting in the presence of a number of spherical, highly refractile, red-coloured bodies, in addition to, and to a great extent replacing, the ordinary red corpuscles. These bodies, from their small size (their diameter being rather more than half that of the red discs), are called "microcytes," and the condition of blood in which they exist is styled "mycrocythæmia." For fuller details as to the character of these bodies, and for the history of the case in which this condition of the blood existed, I must refer your readers to the journal in question. It is sufficient to state that improvement in health was accompanied by a marked diminution in the number of "microcytes" till finally none remained.

In April of the present year a female patient, the subject of Addison's disease, was readmitted into the Middlesex Hospital, under the care of Dr. Greenhow, suffering from extreme prostration consequent upon a slight injury she had received on the forehead. Examination of her blood while she was still in this condition yielded the following results:—Very few red corpuscles were present, and these not forming rouleaux, but occurring scattered singly over the field; a large number of globular, highly refractive nuclei of a red colour, measuring about $\frac{1}{1500}$ of an inch on an average, mostly isolated, but here and there occurring in considerable groups; no marked diminution or excess in the number of white corpuscles. As the patient increased in strength the number of these bodies diminished, and at the same time the tendency of the red discs to form rouleaux became restored, so that on her leaving the hospital at the end of about three weeks, her blood presented almost a normal appearance.

At the time no satisfactory explanation of the condition of the blood could be offered. The observations of Dr. Braxton Hicks on pathological changes in the red corpuscles* suggested the possible derivation of these "nuclei" from pre-existing red corpuscles, being the separated "zooid" element of Brücke. But then no corpuscle was seen in the act of breaking up, and the "œcoid" constituents were nowhere visible. That it was a condition not special to Addison's disease was soon proved by its occurrence (although to a far less marked extent) in a case of simple debility and anæmia, and in one of constitutional syphilis. The publication of this memoir seems, however, to offer a satisfactory solution to the question, or at any rate suggests the identity between the bodies found in the blood in these cases with the "microcytes" occurring in "microcythæmia."

My object in writing this has been, not to criticise the hypothesis framed by the Liege professors to account for the production of the "microcythæmic" state, but simply to draw attention to the fact of the existence of such a condition, in the hope that it may lead to some further light being thrown upon the minute pathology of the blood. Apologising for trespassing thus on your valuable space,

I remain yours truly,

Middlesex Hospital, July 22nd, 1872. SIDNEY COUPLAND.

MR. HOLMES ON ANEURISM.

To the Editor of THE LANCET.

SIR,—In the last of the admirable lectures "On the Surgical Treatment of Aneurism," delivered by Mr. Holmes at the Royal College of Surgeons, published in THE LANCET of the 27th inst., he has been good enough to refer to my case of aortic aneurism, in which Mr. Heath tied the left common carotid artery. It appears to me, however, that the case does not stand out with the prominence that was claimed for it at the Clinical Society.

It is, I believe, the first instance in which the left carotid artery was ever tied with premeditation, with the direct intent of arresting the increase of pure *aortic* aneurism diagnosed as such, the other cases cited by the accomplished lecturer being those in which aortic aneurism was only discovered on post-mortem examination.

I am Sir, yours obediently,

Suffolk-place, July 29th, 1872. J. COCKLE, M.D.

* Quart. Journ. Micr. Sc., April, 1872.

COTTAGE HOSPITAL FOR MANSFIELD.

To the Editor of THE LANCET.

SIR,—With reference to your most excellent remarks in last week's LANCET on the above subject, perhaps a few words from a resident practitioner may not be undesirable. The want of a local hospital has been much felt for a long time, and some years since my friend, Mr. Walter Whitehead, of Manchester (then resident at Mansfield Woodhouse), utilised two cottages there temporarily with the ultimate intention of building an hospital for the district. The plan has worked well, and last year we received fifty cases into this temporary hospital, each patient being attended by his own medical man, aided by an efficient resident nurse. We have now a considerable fund in hand and promised for a building fund, and I do not doubt that we shall succeed in obtaining funds enough to build and subscriptions enough to maintain a suitable erection for our populous and increasing neighbourhood.

As regards the dispensary, you will be glad to hear that a provident institution of that class is now in full work here, any proper applicant being admitted on payment of one penny a week, or twopence for a man, his wife, and all his children under thirteen years of age, each member being allowed to elect his own medical attendant annually.

I trust, therefore, that you will see, Sir, that Mansfield is trying to "run alone," and that the profession here are not behindhand in their endeavours to establish institutions for the welfare of the neighbourhood and the efficient treatment of disease among the poor.

I am, Sir, yours faithfully,

Mansfield, July 29th, 1872. G. WHITEFIELD SPARKE.

MR. JOHN HAMILTON'S TITLES.

To the Editor of THE LANCET.

SIR,—On reading your comments upon this case, I perceive you are evidently under the impression that it will be submitted to a higher tribunal. Now it is very doubtful whether such will be the case. When I undertook the prosecution of Hamilton, I did not anticipate that the defendant would refuse to abide by the magistrate's decision; and, as I am not a rich man, I have no funds for the purpose of carrying this case to a higher court. So, unless the profession will subscribe the necessary funds for retaining counsel to uphold the law in this case henceforth, any person can adopt what medical titles he pleases, and with impunity, as, although there is a Medical Act under which he can be punished, there is no one who will put the law in force against him.

I am, Sir, your obedient servant,

HENRY P. CHANDLER, M.R.C.S.

Berners-street, Oxford-street, W., July 29th, 1872.

BIRMINGHAM.

(From our own Correspondent.)

THE immediate sequestration of the funds of the Corporation of Birmingham, which has been so urgently pressed for in the Court of Chancery by Sir Charles Adderley and the Gravelly-hill relators, is not to take place. Vice-Chancellor Bacon has postponed the issue of his order until the middle of November, and has also indicated what steps may be taken to prevent the order being made absolute at that date. Removal of the accumulation of sewage

deposit at Sattley, which has been going on for some time, is to be accelerated by a plan of Mr. Hope's, and by ploughing it deeply into the soil by means of steam machinery. Sulphate of alumina and lime are to be added to the sewage water while in the tanks, so that the water which flows thence into the river Tame may be rendered comparatively free from smell. During the three months thus gained there will be time for fresh experiments, and as it is obviously the wish of the Corporation to do all in their power to abate the nuisances complained of, no doubt such improvements will be effected that the order for sequestration will never come into effect.

The new Small-pox Hospital at Walsall has been opened, and, though not in all respects complete, is still calculated to be of great benefit to the town. There is accommodation for 54 patients, 20 in the four ordinary sick wards, and 30 in the two convalescent wards. The hospital is also supplied with a mortuary, disinfecting chamber, washhouse, and laundry. The total cost of the building, including furnishing, will be about £2000. At present there seems every probability of the hospital being extensively required, for both in Walsall and the surrounding villages small-pox is very prevalent.

The Committee of the Women's Hospital have, as was expected, appointed a lady doctor, Mrs. Louisa Atkins, M.D. of Zurich, house-surgeon. It was so well understood that any lady applicant would be preferred by the Committee, if not by the medical staff, that it would have been only fair to the two gentlemen who were also candidates to have told them at the commencement of the election to withdraw their applications, as they had not the least chance of being elected to the post.

Extensive preparations are being made to entertain the British Medical Association at their annual meeting, which takes place in Birmingham next week. The Grammar-school of King Edward the Sixth will afford ample accommodation for all the sections, as well as for the museum, and for the refreshment department. Mr. Alfred Baker, senior surgeon of the General Hospital, is the President elect, and the addresses in Medicine and Surgery will be given respectively by Dr. Samuel Wilks, of Guy's Hospital, and by Mr. Oliver Pemberton, of Birmingham. The members of this branch of the Association have subscribed upwards of £600 for the purposes of this meeting. A free public luncheon each day, a *soirée* at the Town Hall given by the President, and excursions on the last two days of the meeting to Dudley and the Black Country, to Stoke Salt Works, and the new sanatorium at Blackwell; to Warwick, Kenilworth, Leamington, and Stratford-on-Avon, should, and doubtless will, help to make this a very agreeable meeting of the Association. Many papers of interest are promised, and the meeting will be honoured by the presence of MM. Ricord, Demarquay, and many members of the profession from America, and also from all parts of the United Kingdom.

The Birmingham Sanatorium at Blackwell, which has been in course of erection for some time, is now nearly completed, and out of the £12,000 which it is to cost, nearly £10,000 have already been subscribed.

Birmingham, July 29th, 1872.

Obituary.

C. J. B. ALDIS, M.D.

FEW physicians have combined the *rôles* of private practitioner and public benefactor with greater consistency and success than Dr. Charles James Berridge Aldis, who died on Friday, the 26th ult., and was buried on Thursday in Brompton Cemetery. Dr. Aldis was the son of Sir Charles Aldis, himself a physician, and was educated at St. Paul's school and Trinity College, Cambridge, where in 1831 he took the degree of B.A., and proceeded to his mastership in 1834. His strictly professional studies were prosecuted at St. George's Hospital and at Cambridge, and closed with his graduation as M.B. Cantab. in 1832. In 1837 he took the degree of M.D. at his *Alma Mater*, and in the year following was made a Fellow of the Royal College of Physicians. By this time he was in full practice as a physician in London, and took an active part in the business of the societies, to many of which he belonged. He was a Member of the Council of the College of Physicians, and made its interests a subject of incessant solicitude. It was as a public-spirited and philanthropic practitioner, however, that he was best known and will be most gratefully remembered. He was an early associate of Lord Shaftesbury in improving the dwellings of the poor in Westminster; he rarely missed a meeting of the Social Science Congress; while the question of workhouse reform was (as readers of THE LANCET well know) always near his heart. To the poor seamstress, to the innumerable heroines of the "Song of the Shirt," he was a never-failing friend, and he was mainly instrumental in securing the intervention of the Legislature in restricting the excessive hours to which these over-worked women are subjected. As medical officer of health to St. George's, Hanover-square, he was a vigilant redresser of sanitary abuses, while the St. Paul and St. Barnabas Dispensary in Ebury-street is largely indebted to him not only for its foundation some fifteen years ago, but for constant services rendered to it as honorary physician. Of late his indefatigable exertions in connexion with St. George's parish, heavily visited as it was by scarlet-fever and small-pox, began to tell upon him, and within the last few days the intense heat reduced his strength visibly. Before his decease he had been testing some gas when the thermometer was at its highest, but still, exhausting as was his work, he went to the Council of the College of Physicians on the evening of the 25th. On Friday, feeling none the worse, he went to his hospital, and after luncheon at home, took his customary nap in his chair. From this he never woke; and his wife found him quite placid, as if he had passed away without pain.

Dr. Aldis possessed in rare measure the complete professional mind. A ripe scholar, he never ceased to take the liveliest interest in St. Paul's School and Cambridge University, always present at speech-day at the former, and a constant "factor" in the academic and political vicissitudes of the latter. He was a staunch Conservative, and acted as committeeman on that side at nearly every contested election. He did yeoman's service in the return of Mr. W. H. Smith for Westminster, and in the election of Viscount Mahon for the School Board; while it was with more than a sanitarian's zeal that he co-operated with Sir C. B. Adderley on the Sanitary Commission. His contributions to the literature of the profession were voluminous, from his reports on the health of St. George's parish to his numerous papers in the journals in general, and THE LANCET in particular. His Harveian Oration, delivered in 1859, was greatly admired for its chaste Celsian Latinity, while his letters to *The Times* were incessant in their exposure of exacting employers of milliners and lethargic vestrymen. A selection from his more elaborate papers would form a graceful memento of his active-mindedness in medical observation and research; while the seamstresses of London might well contribute a mite from the better pay he secured for them to rear a monument to their benefactor. What Tom Hood wrote in verse Dr. Aldis translated into the prose of fact, and died as he had lived, the champion of oppressed womanhood—the redresser of the

Spretæ injuria formæ.

He was happy in his home as in his daily walk. He leaves a widow, one son (who on the day of his father's death was coming home with the news of an unexpected appointment of £1500 a year in India), and two daughters, one of whom is married to Mr. Turner, a Norfolk rector, and the other, who remains single, was his never-failing amanuensis. He was essentially a physician of the good old school, and leaves many behind him to exclaim, *O! si sic omnes!*

HENRY CURRAN, L.R.C.S.I.,

DUBLIN.

THE death of this young and promising surgeon is announced. Mr. H. Curran early attached himself to the profession of medicine. At the time of his death he was Senior Proprietor of the Carmichael School of Medicine, and Lecturer on Anatomy and Physiology in it. He was

Physician to the Mater Misericordiæ Hospital, and Surgeon to the North City Dispensary.

Mr. Curran was a successful teacher of anatomy and surgery for many years, many of the young and rising Dublin surgeons having been his pupils, although little younger in years than himself. When we say Dr. Cruise, Dr. William Stokes, jun., Dr. Hayes, Dr. Purser, and a host of others, were prepared by him for examination, it is a guarantee of the great ability he possessed.

In the discharge of his duties in the medical wards of the noble institution to which he was physician, he contracted typhoid fever about twelve months ago, which left sequences from which he never recovered. The sudden death of his brother, Mr. Robert P. Curran, a most promising member of the profession, and a few weeks back the death of his venerable father, Mr. Waring Curran, appeared to hasten his death.

Mr. Curran was a hard-working man, of a retiring disposition, beloved by the poor, to whose wants he ever ministered, and for whose necessities his purse was ever open. Generosity and Christian charity, combined with great professional ability, were attributes possessed by the lately deceased surgeon.

BARNABAS BARRETT, M.D., M.R.C.S., L.S.A.

WE deeply regret to announce the untimely death of one of the most esteemed members of the medical profession in Liverpool. Dr. Barnabas Barrett, who enjoyed an extensive practice at Dingle-hill, and who was greatly beloved by his patients, died with great suddenness, of disease of the heart. The deceased gentleman came downstairs, apparently in his usual health, soon after nine o'clock, and was about to take breakfast, when he became suddenly ill, and rang for assistance. Mr. Hodgson and Dr. Lyster were promptly at his side, but a few minutes after their arrival Dr. Barrett expired. He commenced his career in Liverpool as house-surgeon at the Southern Hospital, and left that institution to enter upon private practice in Mill-street. He had practised in Dingle-hill for sixteen years. Dr. Barrett was about forty-five years of age. He leaves a widow, but no family. In addition to his eminent skill in his profession, his culture and taste made him a most agreeable companion. No one was more welcome in society, and all who knew him found his friendship a source of delight.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. — The following gentlemen, having passed the required examinations for the diploma, were duly admitted Members of the College at meetings of the Court of Examiners on the 25th and 26th ult:—

Adams, John, Kingsbridge, Devon.
Armstrong, Robert S., Bedford.
Armstrong, Thomas B., Leeds.
Atkinson, Walter M., L.S.A., Cheshunt, Herts.
Blackburn, Herbert B., Petworth.
Brewer, Reginald E. W., Newport, Monmouthshire.
Brown, James, Edinburgh.
Burgess, Edward A., L.S.A., Bethnal-green-road.
Carolan, James F., Maida-hill.
Cole, William J., Harrow-road.
Collinson, Alfred C., Elgin-road.
Dorin, Arthur F. L., L.S.A., Brompton.
Godding, Charles Cane, Portsmouth.
Greenfield, William S., Haverstock-hill.
Hansell, William C., Caen, France.
Harrison, Henry B., L.S.A., Notting-hill.
Heald, George H., Leeds.
Hex, Henry, Plymouth.
Hughes, Robert R., Putney.
Irving, William G., Long Benington.
Kebbell, Alfred, Hackney.
Lawrence, James, M.D. Queen's Univ. Irel., Portrush.
Mawson, William A., Boston Spa, Yorks.
Measures, John W., Spalding, Lincolnshire.
Mutch, Robert S., Prince Edward's Island, Canada.
O'Reilly, Walter W. I., M.D. Queen's Univ. Irel., Sydney, N.S.W.
Parry, Thomas S., Mold, Flintshire.
Porter, Joseph F., Dublin.
Robinson, John E., Rotherham.
Smith, Henry H., Devonshire-place.
Smithard, Charles L., Manchester.
Snell, John, Leeds.
Sobey, Arthur L., Saltash, Cornwall.
Spencer, Lawrence W., Preston.
Stocker, Charles J., Stratford, Essex.
Welsh, William K. B., Cornwall-road.
White, George B., Nottingham.
Williams, Howell, Great Hanston, Cardiff.
Williams, William, Fishguard, South Wales.
Willmott, Julius J. E., Penge, Surrey.
Woodhouse, Robert Hall, Anstey, Dorsetshire.

Of the 153 candidates examined on the 22nd, 23rd, 24th, 25th, and 26th of July, 109 passed to the satisfaction of the Court of Examiners and received their diplomas; 20 passed in Surgery, and when qualified in Medicine will be admitted Members; and 24 failed to satisfy the Court, and were referred for six months' further professional study. 14 candidates who passed in Surgery at previous examinations, having subsequently obtained medical qualifications recognised by the College, and 5 candidates who passed the examination in Medicine, having previously qualified in Surgery, were also admitted Members. There will be no further examination until November.

[From the list of candidates who passed the primary examination of the College published in THE LANCET last week, the name of T. A. M'Cullagh, of Guy's Hospital, was omitted.]

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 25th ult.:—

Bomford, Gerald, Vernon-place, Bloomsbury.
Canton, Frederick, Great Marlborough-st., Regent-st.
Dorin, Arthur F. Loch, Thistle-grove, Brompton.
Emms, Alfred Wilson, Ilminster, Somerset.
Groves, Matthias, Radipole, Weymouth.
Harrison, H. Baskcomb, St. Lawrence-rd., Notting-hill.
Hynes, John O'Connell, Park-st., Nottingham.
Wallis, William, Hartfield, Sussex.

On the same day the following gentlemen passed their First Professional Examination:—

Rendall, John, Guy's Hospital.
Thomas, Herbert Henry, University College.

UNIVERSITY OF LONDON.—The following candidates have passed the recent Preliminary Scientific M.B. exam.:—

FIRST DIVISION.—John Henry Barnard, private study; William Henry Blake, Univ. Coll.; James Blamey, Univ. Coll.; Harry Beecham Briggs, King's Coll.; Robert Edmund Carrington, Guy's Hosp.; Claude Clarke Claremont, Univ. Coll.; Charles Walter Evans, Univ. Coll.; Richard Hingston Fox, London Hosp.; George Aldridge George, Univ. Coll.; Francis Goodchild, Epsom and Univ. Colls.; John Benjamin Hellier, Leeds School; Geo. Courtenay Henderson, Univ. Coll.; Wilfred Francis Hopwood, Manchester Grammar School; Edwin Joseph Le Quesne, St. Barthol. Hosp.; Howard Griffiths Lowe, Queen's Coll. Birmingham; Arthur Milnes Marshall, B.A., St. John's Coll. Camb.; Charles Arthur Mercier, London Hosp.; John Edward Neale, Univ. Coll.; Howard Douglas Stewart, King's Coll.; Nestor Isidore Charles Tirard, King's Coll.; Benjamin Arthur Whitelegge, Univ. Coll.; James Cecil Witton, private study; William Barton Worthington, Owens Coll.

SECOND DIVISION.—Richard John Anderson, Belfast Coll.; Albert de Winter Baker, Guy's Hosp.; Richard Legg Batterbury, King's Coll.; Henry Blake, St. George's Hosp.; Judson Sykes Bury, Owens Coll.; Herbert Duke, Guy's Hosp.; John Christian Ferrier, Guy's Hosp.; Alfred Finch, Guy's Hosp.; George Michael James Giles, St. Mary's Hosp.; Alexander Gray, Guy's Hosp.; John Gatchell Hancock, King's Coll.; Joseph William Hunt, Univ. Coll.; Alfred James, Univ. Coll.; Richard Henry Jude, Christ's Coll. Camb.; Walter Aubrey Kidd, Guy's Hosp.; William Henry Maberly, Edinb. Univ.; Fredk. Daniell Miller, King's Coll.; Thomas Mark Pinnell, Univ. Coll.; Joshua Powell, Univ. Coll.; James Woolley Roughton, King's Coll.; William Joseph Seward, Univ. Coll.; William Allason Simmonds, Guy's Hosp.; Edward Arthur Snell, King's Coll.; Arthur Bayly Vanes, Queen's Coll. Birmingham; Sidney Patteshall Wilding, Univ. Coll.

COLLEGE OF PHYSICIANS, IRELAND. — At a special meeting of the College held on the 18th of July the following gentlemen obtained the licence to practise Medicine:—

Robert O'Kelly. | George Percy.

ROYAL COLLEGE OF SURGEONS OF IRELAND. — At meetings of the Court of Examiners held on the 9th, 10th, 11th, 12th, and 13th of July, the undermentioned passed their primary examinations in Anatomy, Physiology, and Materia Medica:—

James H. Allen, William Charters, James Creagh, Annesley C. De Renzy Patrick C. Devany, George H. Dundas, Arthur B. Finney, William A. Fitzgerald, John Going, Patrick A. Hayes, Michael Healy, Christopher J. J. Hughes, Wm. Irvine, Francis B. Kane, Kingston D. L. Kirkwood, Hen. Longford, Michael Loughman, Richd. H. Lyon, Chas. M'Clintock, John Creary, Henry G. Murray, George Rogers, Patrick A. Shannon, Patrick J. Slevin, Charles C. Smith, George L. B. Stoney, Austin F. Walker, William Walter, Thomas J. D'C. Williams, Joseph Wybrants.

At the quarterly examination held on the 23rd, 24th, 25th, and 26th of July, the following obtained the licence to practise Surgery:—

James H. Allen, John Barton, John H. Boxwell, Andrew J. Brady, David J. Carleton, Michael J. Clune, Robert N. Deoning, Rowland J. Denny, Charles J. Diamond, William C. Downing, Robert J. Eyre, Thomas Fenton, William A. Fitzgerald, Robt. H. Foot, Nicholas French, James N. Frood, Baptist Gamble, Thomas Griffin, Patrick A. Hayes, George C. Jackson, Robert C. Johnstone, Wilmot J. Jones, Francis B. Kane,

Robert G. Loverock, Michael J. Malone, Brownlow R. Martin, James M'Gann, Archibald M'Kinlay, Joseph P. M'Sweeny, Robert J. Miller, Patrick Mulcahy, Edward R. Mulock, James W. Murtagh, Joseph J. Nolan, Edwin Page, James R. Panter, Gabriel O'C. Redmond, Robert Sproule, John R. H. Sutton, James C. Weld, Thomas A. Woods, Fredk. E. Young.

MR. TEEVAN has been elected a Corresponding Fellow of the Medical Society of Odessa.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—By order of the Council, the library will be closed from August 12th to September 12th, both days inclusive.

BEQUESTS, &c., TO MEDICAL CHARITIES. — The Grocers' Company have given £500 to the London Hospital. The Leeds Public Dispensary has received £200 from the representatives of the late Miss Philippa Hamilton, of Harrogate. Miss Louisa Yea bequeathed £200 to the Taunton and Somerset Hospital.

THE fourth annual meeting of governors and officers of the Provident Medical Institution and Lying-in Charity (formerly South-Western Dispensary), 20, Pimlico-road, was held on the 23rd inst. The report of the committee was accepted, and resolutions passed expressing thanks to the consulting and attending medical staff for their gratuitous services during the past year. The financial statement showed a debt of £230.

THE BRITISH MEDICAL BENEVOLENT FUND.—At the monthly meeting, held on Tuesday last, the committee considered twenty-two applications for relief, and among thirteen of these the sum of £115 was distributed in grants of £5 or £10. Donations were reported of £31 10s. from the Merchant Taylors' Company, and of £52 10s. from the Drapers' Company; also a new annual subscription of £20 from Sir Richard Wallace. Warm votes of thanks were accorded in each instance.

"ARSENAL DE LA CHIRURGIE CONTEMPORAINE."—An important work, in two volumes, with this title, has lately been published in Paris. The first volume, by M. Gaujot, appeared as far back as six years ago; and the second, by M. Spillmann, now completes the work. It is not a dry record of surgical instruments, but a regular treatise on the use of the latter, the illustrations being numerous and well executed. This is a novel kind of publication which will be welcomed by surgeons.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—The Quarterly Court of Directors of this Society was held on July 10th, at 53, Berners-street. The chair was taken by Charles Hawkins, V.P. Fifty-eight widows and forty children made application for grants, and the sum of £1312 10s. was distributed amongst them, the amounts varying according to the wants of the respective applicants. Five widows were added to the list of annuitants. A donation of £100 was announced by the Acting Treasurer, Mr. James T. Ware, as having been received from Dr. Hare, to whom a vote of thanks was unanimously passed. The directors again appeal to their professional brethren for assistance to enable them to meet the increasing demands on the funds of the Society.

Medical Appointments.

ALDRICH, F. E., M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Great Barton &c. or No. 2 District of the Thingoe Union, Suffolk, vice J. R. Hilles, L.R.C.S.I., resigned.

BLAIR, J. O., M.D., has been appointed Medical Officer and Public Vaccinator for District No. 2 of the Newbury Union, vice T. H. Hawkins, F.R.C.S.E., resigned.

BROWN, H. J., F.R.C.S.E., has been appointed a Medical Officer for the newly instituted Out-door Department of the City of London Lying-in Hospital.

BRUCE, R., L.R.C.S.Ed., has been appointed a Medical Officer for the newly instituted Out-door Department of the City of London Lying-in Hospital.

BURCHELL, P. L., M.B., F.R.C.S.I., has been appointed Consulting Surgeon for the newly instituted Out-door Department of the City of London Lying-in Hospital.

CRESSMAN, T., F.R.C.S.E., has been re-elected a Surgeon to the Sheffield Public Hospital and Dispensary, upon the expiration of his term of office according to the rules.

FOWLER, R., M.D., M.R.C.S.E., has been appointed a Medical Officer for the newly instituted Out-door Department of the City of London Lying-in Hospital.

GREENWOOD, M., M.D., M.R.C.S.E., L.M., has been appointed a Medical Officer for the newly instituted Out-door Department of the City of London Lying-in Hospital.

GRIFFITH, J. C., M.B., M.R.C.S.E., has been appointed a Medical Officer for the newly instituted Out-door Department of the City of London Lying-in Hospital.

GRIFFITHS, F., M.R.C.S.E., has been appointed Medical Officer for the Ingleton Fells District of the Settle Union.

HALSE, C. S., M.D., M.R.C.S.E., L.M., has been appointed a Medical Officer for the newly instituted Out-door Department of the City of London Lying-in Hospital.

HUNT, F. E., L.R.C.P.Ed., M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the newly arranged Sydenham District of the Lewisham Union, Kent.

JENKINSON, H., L.S.A.L., has been appointed Junior Resident Medical Officer to the Leeds Public Dispensary, vice J. T. Gobat, M.R.C.S.E., resigned.

MACKENZIE, L., M.R.C.S.E., L.R.C.P.Ed., has been appointed House-Surgeon to the London Hospital, vice R. W. Parker, M.R.C.S.E., appointed House-Surgeon to the Hospital for Sick Children, Great Ormond-street.

MACLEAN, A., L.S.A., has been appointed Assistant House-Surgeon to the Rotherham Hospital and Dispensary.

MAJOR, H. C., M.B., C.M., late Clinical Assistant at the West Riding Asylum, Wakefield, has been appointed an Assistant Medical Officer to that institution.

MARSH, W. J., M.R.C.S.E., has been appointed Medical Officer to the Salop Friendly Societies and General Medical Aid Association, Shrewsbury.

MAY, A. S., M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the newly formed Forest-hill District of the Lewisham Union.

ODLING, T. F., M.R.C.S.E., has been appointed Junior Resident Medical Officer to the Royal Free Hospital, Gray's-inn-road, vice J. P. Cartwright, M.R.C.S.E., whose appointment has expired.

POWELL, J. T., M.D., L.R.C.P.L., L.R.C.P.Ed., M.R.C.S.E., has been appointed a Medical Officer for the newly instituted Out-door Department of the City of London Lying-in Hospital.

SARVIS, T., M.D., M.R.C.S.E., L.M., has been appointed a Medical Officer for the newly instituted Out-door Department of the City of London Lying-in Hospital.

SIMPSON, F. H., F.R.C.S.E., has been appointed a Medical Officer for the newly instituted Out-door Department of the City of London Lying-in Hospital.

STEPHEN, W., M.D., L.F.P. & S. Glas., has been appointed Medical Officer and Public Vaccinator for the Parish of Fettercairn, Kincardineshire, vice M'Rae, resigned.

STEWART, D. P., M.R.C.S.E., has been appointed a Visiting Medical Officer to the Convalescent Home at Lenzie, near Glasgow.

THOMAS, W., M.R.C.S.E., has been appointed Medical Officer for the Wadsworth District of the Todmorden Union, Lancashire, vice J. Thomas, M.R.C.S.E., deceased.

WHITELAW, W., M.D., F.F.P. & S. Glas., has been appointed a Visiting Medical Officer to the Convalescent Home at Lenzie, near Glasgow.

YARROW, G. E., L.R.C.P.L., M.R.C.S.E., L.M., has been appointed a Medical Officer for the newly instituted Out-door Department of the City of London Lying-in Hospital.

Births, Marriages, and Deaths.

BIRTHS.

BELL.—On the 19th ult., at Woodlands-road, Glasgow, the wife of Robert Bell, M.D., of a son.

BROWN.—On the 10th of May, at Fraserburg, Cape of Good Hope, the wife of John Brown, M.D., of a daughter.

CORBET.—On the 28th ult., at Church-street, Kidderminster, the wife of David Corbet, Surgeon, of a daughter.

GIBBON.—On the 21st ult., at Oxford-terrace, Hyde-park, the wife of Dr. Septimus Gibbon, of a son.

GUNTHER.—On the 29th ult., at Hampton Wick, the wife of T. Gunther, M.D., of a son.

LING.—On the 26th ult., at Greenwood, Huntspill, Somerset, the wife of John M. Ling, M.R.C.S.E., prematurely, of a son.

PERKINS.—On the 26th ult., at Snaith, the wife of T. Perkins, M.R.C.S.E., of a daughter.

MARRIAGES.

DUNLOP—STRICKLAND.—On the 26th ult., at St. Saviour's Church, St. Helier's, Andrew Dunlop, M.D., to Alice, eldest daughter of the late J. J. Strickland, Esq., of Kensington.—No Cards.

MASKEW—MACKECHNIE.—On the 16th ult., at Emerydown Church, J. S. Maskew, M.D., of Elcombs, Lyndhurst, to Anna Maria Barbara, widow of S. E. Mackechnie, Esq., and fourth daughter of the late Sir Edward Poore, Bart.

SALT—SPOONER.—On the 25th ult., at St. Thomas's Church, Walton, near Stafford, Henry Salt, M.B., C.M., of Gordon-square, London, to Janet Sarah, second daughter of William Spooner, Esq., of Walton Lodge, Stafford, Judge of the North Staffordshire County Courts.

WILLIS—WHITE.—On the 18th ult., at All Saints' Church, Sheffield, Julian Willis, L.R.C.P.Ed., M.R.C.S.E., of Sutton Scotney, near Micheldever Station, Hants, to Fanny Alicia, eldest daughter of Robert White, Esq., of Woodhill, Grimesthorpe, and Sheffield.

DEATHS.

BENNETT.—On the 22nd ult., at Marsden Hall, Burnley, Charles Bennett, M.B., aged 26.

JACKSON.—On the 26th ult., T. D. Jackson, M.R.C.S.E., of Slaidburn, Lancashire, aged 63.

LOVEGROVE.—On the 27th ult., at Leyton, Joseph Lovegrove, M.R.C.S.E., formerly of Horsham, aged 67.

MARSDEN.—On the 29th ult., at Blackpool, Dr. John Marsden, formerly of Wigan.

MORRIS.—On the 29th ult., Matthew Morris, L.R.C.P.Ed., of Colebrook-row, Islington, aged 44.

BEST COPY AVAILABLE

Medical Diary of the Week.

Monday, Aug. 5.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, Aug. 6.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.

Wednesday, Aug. 7.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

Thursday, Aug. 8.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Friday, Aug. 9.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, Aug. 10.

HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

COMPANIONABLE SNAKES: COCKBURN *v.* MANN.

De gustibus non est disputandum, and it is perhaps not surprising that there should be persons who have a *penchant* towards snakes, and who regard them as "faithful and affectionate companions." We certainly think, however, that Mr. Mann is bound to keep his companions to himself, and his neighbours have every right to complain if their gardens are invaded by the strange pets which it is Mr. Mann's fancy to encourage. There always has been, and probably there always will be, an unaccountable antipathy between the human race and the race of serpents. The earliest historian of mankind gives evidence of this in the third chapter of his history; and Mr. Cockburn in the nineteenth century shows, by the action which he has brought against Mr. Mann, that he is as little fond of snakes as Moses was. It certainly cannot be safe to expose children to the shock of seeing a "beautiful, harmless python or boa" glide gracefully over the garden wall, and we should be by no means surprised if an attack of chorea or other illness were to follow so startling an event. Mr. Mann is perfectly right when he stigmatises cockneys as both timid and ignorant, and we dare say Mr. Frank Buckland is justified in stating that the boas and pythons of Cheyne-walk will "do no harm or hurt to any living thing, *except their natural food*." But there's the rub; and if our popular books of Natural History tell us of boas "constricting their victims," and of pythons who can gorge a goat or a calf, and digest them horns and all, fathers of families may be excused for fearing that a snake of a roving disposition may possibly wish to change its diet, and attempt to gorge the baby or constrict the son and heir.

R. C.—Much depends, of course, upon the extent of the disease; but recoveries frequently ensue in apparently very unfavourable cases. The results of the treatment of the cases to which our correspondent alludes are much more successful than formerly.

Mr. James Griffin's communication shall have our attention next week.

THE REGISTRAR-GENERAL'S QUARTERLY RETURN.

THE Registration Returns for the three months ended 30th June last show that for the country, taken as a whole, the average birth-rate was maintained, while the mortality was below the average. Small-pox continued to prevail in many places; but there was a general abatement in the deaths from zymotic disease, notably from scarlet fever and fever. Taking these facts in conjunction with an increase in the proportion of marriages, the Registrar-General concludes that "the community has been comparatively healthy and prosperous" during the quarter. Both town and country experienced a diminished death-rate, the urban rate being 0·8 and the rural rate 1·0 per 1000 below the average of ten corresponding quarters; only twice in the last ten years (in 1867 and 1868) was the urban mortality in the June quarter so low as it has been this year—viz., 22·6 per 1000.

Mr. John Williams, (Liverpool.)—We cannot undertake to prescribe or give advice in the matter beyond suggesting that our correspondent should consult some respectable practitioner in his own neighbourhood.

Dr. Cartwright Reed should address his questions to the *Veterinarian*.

MEDICAL ASSISTANTS.

To the Editor of THE LANCET.

SIR,—This is a subject that requires more consideration than it has had in your columns. Your leading article is very suggestive in many ways; but there are one or two other views in reference to assistants that demand urgent attention. Those only who keep them can in any way be aware of the difficulties and disappointments that too often result. As you say, *beer* is a fruitful source of discomfort, and that chiefly among qualified or semi-qualified assistants. Among the unqualified I think concealed incompetence is too frequent. This state of things is very much aggravated by doing away with *apprenticeships* as an entry into the profession. You find a young man go direct from school or college to the hospital, and pass through the curriculum, and before he settles down he is obliged to go for an assistant, for the express purpose of learning the duties of practice. He states himself to be qualified, and has his diplomas, but it is all *theory*. He is completely lost in a surgery. What little dispensary work he has gone through, just for passing, is quite inadequate to fit him for dispensing in private practice. The mistakes they make those only know who have it to contend with; and in the case of "qualified" assistants, they brook no interference, and point to the diploma as a certain proof of their expertness. There are certain obligations and duties belonging to the routine of a private practice which cannot be learnt except in a surgery; and there are hosts of young men, fledged in every way theoretically, and with diplomas to any amount, that are thoroughly incompetent to stand in the place of the principal in even trivial cases. Many take assistantships for the purpose of acquiring, after they have passed, what ought to have been learnt before they entered the hospital at all. There are many ridiculously proud ideas existing about young men now-a-days, which will be infinitely more detrimental to their own future than it is to their present employers. It is *infra dig.* to wash a bottle or a mortar; as to running across a street with a bottle of medicine to relieve a patient whilst the errand-boy is on a similar duty elsewhere, it is only now and then, and at an "odd time," such a condescension is made. I fear this incompetency on the part of *qualified* assistants is on the increase, and the public are the sufferers, inasmuch as they enter practice not in any way capable of knowing whether the duties of a surgery are properly carried out. There is something more required in dispensing than putting the ingredients into bottles, and corking and labeling. Mortars and funnels are becoming things of the past. So long as the private practitioner is compelled to have his medicines dispensed at home, which he must do in country districts, he is compelled to obtain assistance to save his own time.

In the case of unqualified assistants, as I stated before, concealed incompetence is too often what has to be contended with, and is a source of great loss to the employer and risk to the public. If a law could be enacted to compel every assistant to pass a dispensing examination before he is allowed to seek employment in a surgery, it would be a great safeguard to the public, and comfort to the employer; for, after all, it is not solely a question of remuneration, and I know of few practitioners who would not be quite willing to give fair remuneration for competent services. But when the unqualified assistant has passed no test, and you trust to "testimonials," &c., it very often ends in disappointment and chagrin. The ignorance displayed by some of this class is only equalled by their impudence and bad habits.

I remain, Sir, yours, &c.,

July 29th, 1872. A PRINCIPAL.

A Surgeon and Accoucheur.—Our correspondent's phrases are somewhat too violent for the occasion. We presume he will admit that there are some women so poor as to be legitimate objects of aid at the time of their lying-in, and he will also admit that a lying-in charity which pays its medical officers is not entirely an evil to the profession. If he does admit these positions, he is only repeating the substance of our remarks about the evils of gratuitous midwifery when improperly bestowed.

THE communication of *Mr. Clubbe* (Lowestoft) is acknowledged with thanks.

A STEP IN THE RIGHT DIRECTION.

To the Editor of THE LANCET.

SIR,—It may be of interest to some of your readers to know that a Forester's Court, to which I am medical officer, has passed a resolution, and placed the same upon their minutes, that for the future no one shall be eligible to be put in nomination as a candidate for surgeon to this Court unless he possess the qualifications required by the Local Government Board—viz., a medical as well as a surgical qualification.

I think, Sir, scarcely anyone can object that a member of a Forester's Court, paying as he does for the medical and surgical attendance he requires, should certainly receive the same only from those who hold the qualifications which the Local Government Board deem necessary even for a pauper who does *not* pay for his medical attendance.

I am, Sir, your obedient servant,

Queen's-road, Dalston, July 30th, 1872. GEORGE STEER.

"VIEWING THE BODY."

AT an inquest held by Dr. Lankester to inquire into the death of a lady who had died of apoplexy in consequence of the excessive heat, the jury, upon proceeding to view the body, found that it had been placed in a coffin and screwed down; but in the lid a piece of glass was inserted, which enabled them to view the face of the deceased lady, whose body, owing to the hot weather, was rapidly decomposing. The coroner remarked that he had suggested this for the better protection of the jury; and if this plan were adopted in all such cases, or in the case of a person dying from some contagious disease, it would be a great safeguard to the public, especially those who in the performance of a public duty were compelled to view the body. The question arises, why are jury compelled to view the body? Is it merely a matter of form, or is it that they may satisfy themselves as to the identity of the deceased, or that the external appearances of the corpse correspond with the evidence which is given as to the cause of death? If for either of the two latter purposes, it is certainly not sufficient to merely look through a pane of glass in the lid of the coffin. If "viewing the body" is merely a matter of form, the coroner is quite right to save the jury every possible annoyance; but if this ceremony is intended to serve any useful purpose, we hold that he has established a very dangerous precedent.

Dr. Diver.—Mr. Brady, M.P., might possibly be interested in the question.

CARBOLIC ACID AS AN OUTWARD APPLICATION IN SMALL-POX.

To the Editor of THE LANCET.

SIR,—I hope a few remarks on the above subject may interest your readers.

I have been accustomed to use a solution of carbolic acid of the strength of one part of acid to eight of water, and I think with the happiest results. Every medical man is acquainted with the great disinfecting and detergent qualities of carbolic acid, and in this way its outward application must commend itself; but I am quite sure its utility does not end there. All my patients treated by it express themselves as greatly and immediately relieved from the itching and irritation of the skin caused by the disorder; in so relieving the itching and irritation, it gives the patient great composure, sleep following; and its use is, I find, followed by an absence of delirium to a marked extent. I have often thought, too, but I may be deceived on this point, that its use has caused some cases that would otherwise have become confluent to be discrete; some of the papules seeming, as it were, to go back or fade away; and in some also what is commonly known as the change or crisis has taken place on the seventh day of the eruption, instead of on the usual ninth day; the pustules scabbing over, and the patient's system taking a healthy action, though otherwise the cases all run their usual course as far as the eruption is concerned. But to my mind one of its chief sources of usefulness is its seemingly specific quality as regards pyæmia. Out of upwards of one hundred cases treated by me during the epidemic of the last six or eight months here, I cannot call to mind one case in which this treatment was properly carried out that died of this cause, which is by far the most frequent secondary cause of death in ordinary small-pox cases, and I had very many cases which I have not the slightest doubt would have ended fatally but for it. My mode of using it is to pour a little of the solution into a cup, and dipping a camel-hair brush about an inch and a half or two inches broad into it, paint the whole body over some five or six times a day, taking care not to let any of it into the eyes. If a proper brush cannot be obtained, a few feathers will answer the purpose very well. I commence to use the solution about the second day of the eruption, and keep on using it until the skin becomes quite clean; the latter period, of course, is simply as a preventive measure, and once or twice a day is quite often enough; the solution also should be made about half strength. I strongly object also to the olive oil or ointments often used, as they make such a filthy mess, and keep the patient most uncomfortably dirty; cleanliness and comfort being, if they are ever to be of use, most useful and beneficial in small-pox.

In conclusion, the uses of this treatment may be taken as—first, its disinfecting and detergent properties; secondly, its allaying itching and irritation; thirdly, its specific power over pyæmia; fourthly, the patient always feeling refreshed after it; and fifthly, its cleanliness: whilst the only objections I know to its use are two—first, its smell, which, bad though it may be, is, I think, better than the odour of a small-pox room; and secondly, its causing a little smarting when first put on, but this smarting is very trifling, and only lasts a minute or two. Patients even prefer the smarting for the time it lasts to the itching which it at once allays. I may add that charcoal or yeast poultices may often be used with advantage between the eighth and twelfth days in conjunction with this treatment.

I am, Sir, yours faithfully,
R. G. KELLETT, L.K.Q.C.P., &c.

Bilston, Staffordshire, July 27th, 1872.

Lambda.—In urban districts the medical officer of health will be appointed by the Municipal Corporation, Improvement Commissioners, or Local Board. In the rural districts he will be appointed by the Board of Guardians.

MILITIA SURGEONS.

To the Editor of THE LANCET.

SIR,—In your annotation last week, under the above heading, you say "that a short statement has been put forth respecting the proposed alterations in the emoluments of militia surgeons by the new Army Regulation Act. I know for a certainty that the authorities do at last really admit that we have "a case"; for on the strength of Mr. Cardwell's answers to Colonel Corbett and Sir E. Lacon, "that individual cases of hardship would be fairly considered," some have applied for compensation with a view to retirement; and the answer received was, that applications could not at present be entertained—i. e., that they could not just yet afford to lose our services, but that the case, as a whole, would be submitted to Parliament. It is intended to hold a meeting at Birmingham on August 8th, at 2 P.M., when I hope that all those surgeons who can conveniently do so will attend.

I am, Sir, your obedient servant,
SURGEON.

July 30th, 1872.

THE BOARD OF TRADE AND THE WATER ACTS.

A PARLIAMENTARY return, moved for by Mr. Kay Shuttleworth, of any notices given by the Board of Trade in 1871 and 1872 to any of the London Water Companies under section 12 of the Metropolis Water Act of 1852, has just been issued. Only one such notice has been given, and that was addressed to the Secretary of the Southwark Water Company on the 8th July last, simply informing him that the complaint of a deficient supply of water in the Bermondsey district appears to the Board of Trade to be well founded. Not a very formidable sort of notice, this.

Dr. Munro, (Basseterre, St. Kitt's, W.I.)—Our correspondent's communication was not received until after the letter had appeared, and consequently too late for us to make the alterations requested by him.

An Unrejected One has forgotten to forward his name and address.

CHOLERA.

To the Editor of THE LANCET.

SIR,—In the last number of the *British and Foreign Medico-Chirurgical Review* there is an article entitled "Cholera, its Origin and Distribution," in which the author disposes in a summary way, after a very sketchy narrative of some of the facts which comprise the past history of the disease, of several important but yet unsolved questions of origin and communication. The article purports to be a review, and in laying down his conclusions the author refers from time to time to several publications which are noted at the head of the article as containing matter confirmatory of his position; but there is throughout no apparent intention of writing a critical review of the works indicated. Nevertheless, as the paper may serve to guide the opinions of many who have not inclination or opportunity for deeper study, it would be well to point out to the author some incompatible statements in his essay which, if uncorrected, will much impair the confidence with which it may otherwise be read. "In proceeding," he says, "to discuss the precise mode in which the disease is communicated, we shall have no difficulty in proving that the discharges from the stomach and bowels have the power to impart the disease. The following statement by Dr. C. Macnamara affords conclusive evidence on this point."

Dr. Macnamara's now well-known cases are then narrated, in which "fresh cholera dejecta found their way into a vessel of drinking water," &c.

The writer proceeds: "The author states that at the time of this remarkable occurrence, which could hardly have been the result of accident, there had been no cholera in the neighbourhood for several years, nor, so far as he is aware, has it appeared there since. The only sufferers from the disease were five out of nineteen men, who had on one occasion drunk water."

I have not Dr. Macnamara's book at hand for reference; but if he does make such a mistake, the critics must have shown him unwonted leniency in that he has not yet been called upon to account for the appearance of the fresh cholera dejecta in the water which infected his patients. Where did the dejecta come from if "there had been no cholera in the neighbourhood for several years"? The question is one of the first importance, and on a clear answer to it depends the issue whether Dr. Macnamara's cases are to be regarded as a crucial test of the infecting power of water, or whether they merely take rank with a thousand others in indicating the great probability of such a power. The latter would seem to be the true worth of these cases; for fresh cholera matter must have been brought into the neighbourhood, and we may assume its presence in the building before it could find its way into a vessel of drinking water.

Yours faithfully,
MEDICUS.

July, 1872.

Public Health.—Dr. Parkes's Practical Hygiene and the second edition of Dr. Corfield's volume. A manual suitable for general use, which would embrace the valuable information now scattered through numerous official Reports, such as those by Mr. Simon, the Reports of the public services, and those issued from time to time in America and elsewhere, is much wanted.

A LUSUS NATURÆ.

To the Editor of THE LANCET.

SIR,—An extraordinary case came under my observation a few days since, which I am at a loss to designate. I will endeavour to describe its appearance as correctly as I can, in the hope that any of your readers who have seen or heard of a similar case will kindly let me know of it through your columns.

In the first place, it presented all the appearances of a well-nourished healthy fœtus come to its full period of fœtal life, but with this addition, or rather abnormality, that lying below its navel, and external to the abdominal parietes, were the stomach, gall-bladder, and large and small intestines. At the time I saw the child it had been born some two hours, and appeared as lively as most babies are at that age. It took its nourishment (in the shape of a little milk and water mixed) well, and had its bowels moved several times during its life, the bladder also having acted three or four times. It lived altogether some twenty-one hours, and it is well worthy of remark that the action of the gastric arteries could be clearly seen for the first few hours.

On making a post-mortem examination, I found a horizontal slit, about an inch and a half in length, going right through the umbilicus, which admitted the cardiac end of the stomach. There was an unusually large liver, but, to my surprise, not space enough in the abdominal cavity to put an ordinary-sized hen's egg. Decomposition had set in very rapidly, and the stomach became ruptured a few minutes after death.

I remain, Sir, yours, &c.,
JOHN BLACKBURN.

Barnsley, July 29th, 1872.

P.S.—I forgot to mention that the mother's labour was a very rapid one, the child being born before the midwife arrived.

Mr. Henry Kühne.—It is contrary to our custom to do so. Take the opinion of some medical friend on the question. We regret that we cannot furnish private answers to correspondents.

ALLEGED WIFE MURDER AT DUMBLANE.

WE shall be glad to receive reports of the trial of this case at the next assizes.

A Subscriber should consult Barnes on Obstetric Operations.

Mr. H. George.—We have no doubt that our correspondent experienced much difficulty in procuring the papers. The first described the results of several experiments, and was published many years ago in the "Philosophical Transactions"; and the second forms a short communication recently made to the local authorities at Aberdeen. Our correspondent could probably meet with Dr. Henry's paper in some scientific library. We do not know the publisher of the American book referred to; but our correspondent could probably procure it through Messrs. Trübner & Co., Paternoster-row.

VACCINE LYMPH.

To the Editor of THE LANCET.

SIR,—The subject of efficient vaccination is one of the greatest importance at the present moment, and has been so deemed for a long period, I have no doubt, by all those who have anxiously watched the progress and ravages of small-pox during many months past. I feel very much interested in obtaining accurate information as to the source or several sources of our vaccine supply, by the use of which protection against the small-pox is relied upon by the people of the United Kingdom at large. Perhaps you may be able to point out the quarter whence this information can be arrived at. There are, of course, in London and other large towns local centres or vaccine depôts where the vaccine virus is collected, preserved, and afterwards distributed abroad.

The command of a genuine, sound, and plentiful supply of vaccine lymph appears to me to be the grand desideratum in the measures we are pursuing, or should pursue, towards arresting and mitigating the scourge of small-pox. The Legislature and the official vaccinators, in their respective spheres of labour amongst the poor and uneducated and unreflecting, meet with much opposition in their efforts to practise and extend vaccination and revaccination—a state of things generally admitted. I believe that much of the opposition offered would cease were the public at large, and especially the poor and easily prejudiced, convinced by their own experience and observation, as well as by the common concurrence of their neighbours, that the vaccination practised amongst them usually proved valid and protective, where it had seemingly taken well, and were they satisfied that they were not in danger of suffering from any spurious eruptive disease, the result of blood-taint and poison, imparted in the ordinary process of vaccination. That such evil results do happen from a vicious (so-called vaccine) virus is a matter of fact.

I consider it to be worthy of the earnest care of the Government, of the Privy Council through its medical officer, in conjunction with the numerous municipal authorities of the country, to aim at securing, as far as well-concerted methods can avail, a pure and healthy vaccine vesicle, from which, at all the depôts established for the diffusion of the prophylactic, a healthy and really protective vaccine eruption may be disseminated. Possibly the staff of vaccinators and collectors of vaccine lymph required to conduct this large work well all over the three kingdoms is weak in numbers and efficiency; possibly the localities at present selected for carrying on the machinery of this duty are too few; and possibly there may be a lack of the required intelligence for conducting the operations, both as regards the proper age and sound good health of those from whom the vaccine virus is taken, and as regards the proper season of the year for taking it.

To produce as far as possible a pure and wholesome vesicle which shall recommend itself to the wants and good sense of the people at large by its almost invariable success in practice is a remedial measure striking at the root of the enormous calamity inflicted upon the world by the revolting and deadly disease, small-pox. The existing system of provision of this important antidotal agent may be too carelessly carried on, and not under adequately skilled supervision. The entire system of its production and renewal, and general dispersion amongst the people, may be upon a dwarfed and too confined a measure, as well as to the number of the *employés* as of the local centres. Arm-to-arm vaccination is the best and most desirable practice, provided a sound judgment is exercised in engrafting a vaccinia taken from a healthy stock, but this is not attainable in very many instances in conducting vaccination amidst large masses; so that its collection on points and glasses and in hermetically sealed tubes for dispatch to a distance is absolutely necessary. Let, therefore, the department of generation and regeneration of the vaccine virus be more thoroughly looked after and scrutinised than is done at present; let its borders and area be widened: let the prophylactic seed that is to be sent out especially for the shielding of the community, and as the source of its safety against the attack of virulent and dangerous small-pox, be taken only from the arms of healthy children, and reinserted only into the like healthy recipients.

Whether a revived and trustworthy active vaccine can be procured afresh from the cow upon a sufficiently large scale has not, I believe, been as yet practically proved. There can, however, be no doubt that a healthy vaccine exanthema is alive amongst us in amply large quantities enough, and that it requires only to be preserved and carefully husbanded, and its contamination by introduction into a diseased individual, as it is passed on from subject to subject, be guarded against.

Your obedient servant,
W. A. GREEN, M.R.C.P. Lond.,
Lee, Kent, July 26th, 1872. Bengal Medical Service.

A Surgeon, (Bow.)—1. We have read somewhere of the use of bromide of potassium, in thirty-grain doses, for the purpose of preventing the occurrence of constitutional disturbance under the circumstances alluded to by our correspondent; but we cannot speak from the results of our own experience.—2. Kameela might be tried.

THE letter of *M.R.C.S.* shall be noticed in our next number.

THE EXAMINATIONS AT THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—Would not a return of the number of candidates rejected by each examiner tend to answer the query put forth in your last number by "A former Teacher of Anatomy"? Perhaps it might show that the candidates from St. Bartholomew's, by a very just rule of the College, escape one who has rendered himself formidable by an unhappy knack of finding out, not only what the candidate himself does not know, but also what other eminent professors—for a practical knowledge—do not consider necessary to teach them. Yours obediently,
July, 1872. ONE WHO HAS NOT BEEN REJECTED.

W. H. H.—1. He can be appointed on the strength of registration under Schedule B, subject to the approval of the Local Government Board.—2. Such an arrangement is objectionable, and should not receive the sanction of the Local Government Board.—3. Advertisement, we believe, is not essential.—4. There is no legal remedy for the injury our correspondent thinks he has sustained; but he may complain to the Local Government Board as well as to the guardians.

Mr. C. W. Chapman's case is one of intense hysteria. We do not insert accounts of cases by patients.

Dr. MacCormack.—We do not know his present address.

SEVERAL letters on the subject of Unqualified Assistants are too long for insertion.

STEAM PASSAGES *viâ* THE SUEZ CANAL.

To the Editor of THE LANCET.

SIR,—Having made a voyage from Calcutta to London last year in a steamer which came through the Suez Canal, I am able to corroborate the statements of Dr. Meyer which appeared in THE LANCET of the 27th July anent the want of a medical man on board such vessels, and think with him that it should be made compulsory for them to be provided with medical aid, especially those carrying passengers.

The steamer in which I made the voyage carried a large native crew with about fifty passengers, mostly children. She left Calcutta early in May, and to the disgust of all on board occupied nearly ten weeks in making the passage home, instead of six, as was formerly anticipated. On leaving port, a medical man from Africa engaged to take medical charge of her in consideration of a free passage to London for his services; but as he left us at Malta, I felt obliged to give my aid to those requiring it during the remainder of the voyage (gratis of course), or leave them in the hands of the captain and his mate.

Now, I would seriously ask whether such things ought to be left to the mere chance of there being a member of our profession among the passengers. I entertain strong feelings on the subject, and I consider it highly culpable for any vessel to be allowed to leave a port without a medical man and an ample supply of medicines.

Your obedient servant,
July 30th, 1872. R. D. LOCH, Civil Surgeon.

M.D. and Constant Subscriber.—Most of the symptoms are, no doubt, to be referred to cardiac exhaustion, followed by increased irritability of the organ.

Dr. Andrew Smart is thanked for his courtesy.

Mr. A. W. Cooper.—Apply to Mr. Matthews, Portugal-street. If in good condition, value about £3.

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Wilks; Dr. Eben. Watson; Dr. Henry Thompson; Mr. Toevan; Prof. Fayrer, Southsea; Mr. R. Gardiner; Dr. Moffat, Falkirk; Mr. Clubbe, Lowestoft; Mr. Horledge, Framlingham; Mr. Robinson, Exeter; Dr. C. T. Williams; Dr. Brown, Fraserburgh, Cape of Good Hope; Mr. H. George; Mr. Autine, Carluke; Mr. Eddowes; Mr. Cuthbert, Falmouth; Mr. Clarke, Farnham; Mr. Schofield, Buxton; Mr. Hampton, Westerham; Mr. Angove, Camborne; Mr. Morse, Crewkerne; Mr. Jones, Newtown; Mr. Hogan, Dublin; Mr. Chapman, Shepherd's-bush; Mr. Campbell, Old Ford; Mr. Perkins, Snaith; Dr. Munro, St. Kitt's, W.I.; Dr. Hogg, Woolwich; Mr. Sparke, Mansfield; Mr. Cannock; Mr. Levy; Mr. J. Dodsworth; Mr. M'Cullagh; Dr. M'Nab, Bury St. Edmunds; Mr. R. Coope, Accrington; Dr. Griffin, Banbury; Mr. Powell; Dr. M'Rae, Penicuick; Mr. Blackett; Mr. Bishop; Mr. Chandler; Mr. Owen, Pontypool; Dr. Wilson, Chatteris; Mr. Logg, Baraitch; Mr. Shipley; Dr. Moore, Dublin; Mr. R. Lewis; Mr. Turner; Mr. Blake; Mr. Gilruth, Edinburgh; Mr. Furley; Dr. Major, Wakefield; Dr. Anderson, Kingston, Jamaica; Mr. Clark, St. Elizabeth; Dr. Kellett, Bilston; Dr. Thompson, Bedford, Cape of Good Hope; Mr. J. Blackburn, Barnsley; Mr. Clarke, Hampstead; Dr. Bell, Glasgow; Mr. H. Venman; Dr. Sewell; Dr. Walker, Turriff; Mr. R. Park, Ripley; Dr. Green, Lee; Mr. Morton, Newton Abbott; Mr. Rayner, Southport; Mr. H. Kühner; Dr. Ellis; Dr. Carter, Bombay; Mr. Toulmin, Stourport; Mr. Meadows; Mr. W. Coofe, Nottingham; Mr. Burton, Southsea; Dr. Corbet, Kidderminster; Dr. Poole, Sidcup; Dr. Carter, Clifton; Mr. Guy; Mr. Farrow; Mr. Atkinson; Dr. Weaver, Longton; Mr. Little, St. Albans; Mr. Darley, Rochester; Mr. Sadler; Mr. Crookson, Wellington; Mr. Maclean, Rotherham; Dr. Maskew, Elcombe; Mr. Wilson, Dublin; Mr. Burke, Belfast; Mr. J. Williams; Mr. Horton; Mr. Ling, Greenwood; Mr. Perks, Dudley; Dr. Felce; Mr. Jardine, Dorking; Mr. Hyman, Caen; Dr. R. H. Owen; Mr. Wood; Mr. Venner, Ipswich; Mr. Berkeley; Dr. C. Reed, Watford; Dr. Gibbon; Mr. Searle, Kingswood; Mr. Sykes, Dalston; Dr. MacCormack; Messrs. Lippincott & Co.; A Surgeon and Accoucheur; Clericus; Alpha; An Unrejected One; A Principal; M.R.C.S.; Lambda; Qualified Assistant; M.D.; A Subscriber; One who was not Rejected; Barts Man; &c. &c.

Cincinnati Medical News, Nenagh Guardian, Hong-Kong Daily Advertiser, Le Bordeaux Médical, North British Daily Mail, Huddersfield Chronicle, Metropolitan, Life Boat, Chelmsford Chronicle, Nottingham Journal, Clonmel Chronicle, Philadelphia Medical Times, and *Penrith Observer* have been received.

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